One Hundred and Fifty-third
Annual Report of the Trustees

of

THE MASSACHUSETTS GENERAL HOSPITAL

Including the General Hospital in Boston
and the
McLean Hospital in Belmont

For the Year
1966
Officers and Staff
1967

BOSTON : MASSACHUSETTS

FORMS OF LEGACIES

A. *An Unrestricted Legacy*

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ... ($)."

Money given in this way may be used by the Hospital for any purpose within the scope of its powers. Both principal and income may be so used.

B. *A Legacy Restricted as to Principal but Not Restricted as to Income*

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ... ($). The principal of this gift shall be held and may be mingled with other funds of the Hospital for investment. The Hospital may expend the income for any purpose within the scope of its powers. (The following sentence is optional.) This gift is made in memory of ..... and shall be known as the ..... Fund."

Money given in this way establishes a permanent fund.

C. *A Legacy Intended for a Special Purpose*

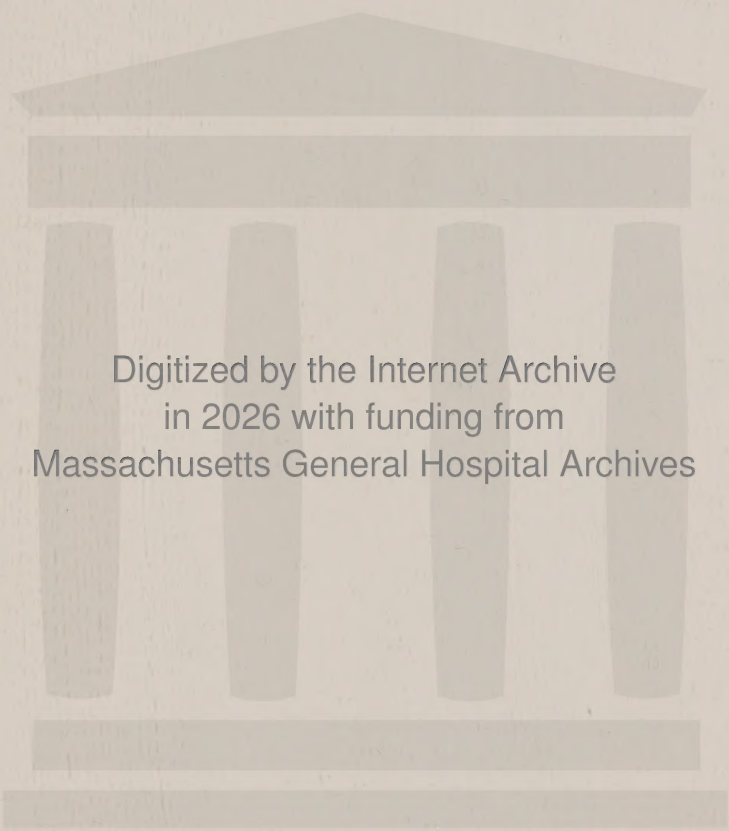
Where either principal or income of a bequest is to be restricted to some special purpose of the Hospital, it is suggested that the testator contact the Treasurer's Office, 45 Milk Street, Boston.

Member of United Community Services of Metropolitan Boston

Member of American Hospital Association

Accredited by the Joint Commission on Accreditation of Hospitals of the United States and Canada

Approved by American Medical Association for Residencies and Internships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THE MASSACHUSETTS GENERAL HOSPITAL

1. Bulfinch Building (1821); 2. The Clinics Building (1903); 3. Walcott House (1913); 4. Moseley Building (1916); 5. Phillips House (1917); 6. Baker Memorial (1930); 7. George Robert White Building (1939); 8. Vincent Memorial Hospital and Burnham Memorial for Children (1947); 9. Research Building (1951); 10. Bartlett Hall Nurses' Residence (1953); 11. Warren Building (1956); 12. The Surgical and Special Services Building, presently under construction; 13. (Massachusetts Eye and Ear Infirmary, affiliated with the MGH).

One Hundred and Fifty-third Annual Report of the Trustees

OF

THE MASSACHUSETTS GENERAL HOSPITAL

Including the General Hospital in Boston
and the
McLean Hospital in Belmont

For the Year
1966

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1967

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*Appointed by the Governor of the Commonwealth

BOSTON : MASSACHUSETTS

Information

THE MASSACHUSETTS GENERAL HOSPITAL is a private, incorporated institution supported solely by voluntary contributions and the receipts from those patients who pay board. It consists of three main divisions: The General Hospital for those unable to pay for private medical care, The Baker Memorial with private and semi-private accommodations, and the Phillips House, the private pavilion. All three divisions are for the care of acutely ill persons, or for such chronic cases as can be substantially relieved by hospitalization of short duration. In addition, Storrow House, located in Lincoln, Massachusetts, is for convalescent patients no longer in need of hospital nursing care.

THE GENERAL HOSPITAL

Entrance: Fruit Street, end of North Grove Street. Telephone—726-2000.

Arrangements for the admission of patients to the General Hospital should be made at the Admitting Office in the George Robert White Building (726-3361).

Emergencies are admitted at any hour; arrangements should be made by telephone. Persons injured by accident or overcome by acute illness may come to the Emergency Ward at the Hospital entrance at any time.

The Clinics of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary, open for admission from 8:15 a.m. to 10:00 a.m. and from 1:00 p.m. to 3:00 p.m., are for patients who can not afford the cost of private medical care. Appointments may be made by mail, telephone, or personal application at the Admitting Desk.

THE BAKER MEMORIAL

Entrance: Same as the General Hospital. Telephone—726-2000.

The Baker Memorial is for patients of moderate means. Arrangements for admission should be made at the Admitting Office in The Baker Memorial (726-3367.)

Patients may be referred by any physician, but may be attended only by members of the Staff of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary.

THE PHILLIPS HOUSE

Entrance: 265 Charles Street. Telephone—726-2000.

Information about admission may be obtained at the Phillips House Admitting Office. Patients may be referred by any physician, but may be attended only by members of the Staff of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary. Arrangements for admission should be made at the Admitting Office in the Phillips House (726-3204).

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1940	Ralph Lowell, 100 Franklin Street
1943	Lloyd D. Brace, 67 Milk Street
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1955	Philip H. Theopold, 294 Washington Street
1958	*Sidney R. Rabb, 393 D Street, South Boston
1962	Francis H. Burr, 225 Franklin Street
1963	George Putnam, 265 Franklin Street
1965	*Edward L. Bigelow, 225 Franklin Street
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1963	Phillips Ketchum, Honorary Trustee, 294 Washington Street

*Appointed by the Governor of the Commonwealth

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April and October

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May and November

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June and December

Prof. Schmitt and Mr. Burr

July

Mr. Putnam

August

Mr. Gray and Mr. Theopold

January 1968

Mr. Putnam

February 1968

Mr. Gray and Mr. Theopold

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Edna S. Lepper, R.N., *Director*

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*Through April 14, 1967

Assistant Directors

Miriam Huggard, R.N.
(*Phillips House*)

Helen J. Coghlan, R.N.
(*Operating Room*)

Adele L. Corkum, R.N.
(*Baker Memorial*)

Ruth M. Farrisey, R.N.
(M.G.H. *Clinics*)

Frances C. Grady, R.N.
(*Bulfinch Building*)
(*Vincent-Burnham*)

Mary E. Quinlan, R.N.
(*White Building*)

SCHOOL OF NURSING

Natalie Petzold, R.N., *Director*

DIRECTORS OF DEPARTMENTS

Accounting
Harold L. Emrich
(*Associate Comptroller*)

Building Service
Howard W. Rath

Construction and Maintenance
Carleton N. Goff
(*Resident Architect*)
Gilbert J. Nessolini
(*Plant Engineer*)

Dietary (*Department and Dietetic Internship*)
Louise Hatch

Medical Records
Joyce E. Gormley

Personnel
Ruth MacRobert

Pharmacy
John W. Webb

Social Service
Eleanor Clark

UNIT DIRECTORS

Archives and News	George H. Jacobsen
Central Sterile Supply	James Willis
Credit and Collections	Francis Largenton
Dispatch	Leon F. Katzer
Information, Baker Memorial	Annabel Herdman
Information, General Hospital	Hope Wright
Orthopedic Workshop	William Murphy
Print Shop	Ralph H. Cluff, Jr.
School of Illustration and Visual Education Service	Edith Tagrin
Treadwell Library	Genevieve Cole
Volunteers	Mary Ruth Wolf

STAFF

VISITING STAFF

MEDICAL DIVISION

GENERAL MEDICINE

Chief of Medical Services

Alexander Leaf, M.D.

Consulting Visiting Physicians

Edward F. Bland, M.D.
Charles L. Short, M.D.

Physicians

Myles P. Baker, M.D.
Earle M. Chapman, M.D.
Daniel S. Ellis, M.D.
Allan L. Friedlich, M.D.
Kurt J. Isselbacher, M.D.
Bernard M. Jacobson, M.D.
John H. Knowles, M.D.
Alfred Kranes, M.D.
Jacob Lerman, M.D.
Francis C. Lowell, M.D.
Gordon S. Myers, M.D.
Marian W. Ropes, M.D.
Morton N. Swartz, M.D.
Conger Williams, M.D.
Paul C. Zamecnik, M.D.

Associate Physicians

William H. Baker, M.D.
William S. Beck, M.D.
Kenneth T. Bird, M.D.
Perry J. Culver, M.D.
Briant L. Decker, M.D.
Daniel D. Federman, M.D.
Anne P. Forbes, M.D.
Gerald S. Foster, M.D.
Harriet L. Hardy, M.D.
Reed Harwood, M.D.
Rita M. Kelley, M.D.
Stephen M. Krane, M.D.
Farahe Maloof, M.D.
Janet W. McArthur, M.D.
Arthur S. Pier, Jr., M.D.
Walter W. Point, M.D.
John D. Stoeckle, M.D.
Louis Weinstein, M.D.
Edwin O. Wheeler, M.D.

Assistant Physicians

Irving P. Ackerman, M.D.
Alan C. Aisenberg, M.D.
John C. Angley, M.D.
George P. Baker, Jr., M.D.
Victor G. Balboni, M.D.
Kurt J. Bloch, M.D.
M. Henry Clifford, M.D.
Leslie J. DeGroot, M.D.
Roman W. DeSanctis, M.D.
William Franklin, M.D.
Joseph W. Gardella, M.D.
Edgar Haber, M.D.
H. Walter Jones, Jr., M.D.
Bernard Kliman, M.D.
Jan Koch-Weser, M.D.
Donald B. Martin, M.D.
Edwin P. Maynard III, M.D.
John A. Mills, M.D.
John M. Moses, M.D.
Lot B. Page, M.D.
John T. Quinby, M.D.
Allan I. Sandler, M.D.
Walter T. St.Goar, M.D.
Guillermo C. Sanchez, M.D.

Charles A. Sanders, M.D.
*W. Davies Sohier, Jr., M.D.
George P. Sturgis, M.D.
Arthur L. Watkins, M.D.
Arnold N. Weinberg, M.D.
Richard G. Whiting, M.D.

Assistants in Medicine

David W. Allen, M.D.
G. Octo Barnett, M.D.
Francis G. Barnum, Jr., M.D.
Patricia H. Benedict, M.D.
Caesar Briefer, Jr., M.D.
Robert W. Carey, M.D.
James R. Carter, Jr., M.D.
Mortimer M. Civan, M.D.
James H. Currens, M.D.
John C. Dalton, M.D.
Allan Goldblatt, M.D.
J. Warren Harthorne, M.D.
John Homans, Jr., M.D.
John W. Irwin, M.D.
Lewis W. Kane, M.D.
Paul A. Kantrowitz, M.D.
Homayoun Kazemi, M.D.
John W. Keller, M.D.
Hugh H. Kopald, M.D.
William F. McNeely, M.D.
Lawrence M. Miller, M.D.
Maurice M. Pechet, M.D.
Sholem Postel, M.D.
Richmond Prescott, M.D.
Mitchell T. Rabkin, M.D.
Edward S. Rendall, M.D.
Dwight R. Robinson, M.D.
Seymour M. Sabesin, M.D.
Robert H. Schapiro, M.D.
Victor W. Sidel, M.D.
John H. Sisson, M.D.
William E. Strole, M.D.
Samuel O. Thier, M.D.
Frank A. Warner, M.D.
Charles H. Weingarten, M.D.
Martin J. Wohl, M.D.
Peter M. Yurchak, M.D.

Clinical Associates in Medicine

Richard A. Field, M.D.
John G. Freymann, M.D.
John R. Graham, M.D.
David Littmann, M.D.
Joseph G. Pittman, M.D.
Oscar E. Starobin, M.D.
Henry R. Stebbins, M.D.
Frederic Tudor, M.D.
A. Allison Wills, Jr., M.D.

Clinical Assistants in Medicine

Donnell W. Boardman, M.D.
Arthur E. Brown, M.D.
Albert I. C. DeFriez, M.D.
John Denovian, M.D.
Anne F. Godley, M.D.
Maximiliaan G. Kaulbach, M.D.
Charles S. Keevil, Jr., M.D.
Richard K. Myler, M.D.
Robert K. Orborne, M.D.
Robert S. Pinals, M.D.
Burton J. Polansky, M.D.
Barbara J. Rosen, M.D.
Eliot Young, M.D.

Applied Physicist

Gordon L. Brownell, PH.D.

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*On leave of absence

Associate Applied Physicists

Saul Aronow, PH.D. Kathleen Stratton, PH.D.

Assistant Applied Physicists

Charles Alden Burnham, M.S. Paul H. Burr, B.S.

Physical Chemist

D. Michael Young, M.D.

Assistant in Physical Chemistry

Michael K. Rees, M.D.

Assistant in Pharmacology

Geoffrey W. G. Sharp, PH.D.

Biologist

Jerome Gross, M.D.

Associate Biologist

Nancy L. R. Bucher, M.D.

Assistant Biologists

Audrey E. V. Haschemeyer, PH.D. Marvin L. Tanzer, M.D.

Associate Biophysicist

*Jesse F. Scott, M.D.

Assistant Biophysicist

Herbert J. Sukenik, PH.D., M.D.

Biochemists

Lewis L. Engel, PH.D. Roger W. Jeanloz, PH.D.

Visiting Biochemist

Carl F. Cori, M.D.

Associate Biochemist

Barbara Wright Kalckar, PH.D.

Assistant Biochemists

Shelby Kashket, PH.D. James C. Orr, PH.D.

M. Vernon King, PH.D. Kurt Randerath, M.D.

Mary L. Stephenson, PH.D.

---

*On leave of absence

Assistant in Biochemistry
Harry J. Karavolas, PH.D.

Assistant in Biostatistics
Janet Wittes, M.A.

Associate Immunologist
Sidney Leskowitz, PH.D.

DERMATOLOGY

Chief of Service
Thomas B. Fitzpatrick, M.D., PH.D.

Dermatologist
Maurice M. Tolman, M.D.

Assistant Dermatologists

Howard P. Baden, M.D.
Arthur Z. Eisen, M.D.
Earl A. Glicklich, M.D.
Robert D. Griesemer, M.D.
Milton E. Helman, M.D.
Charles S. Keuper, M.D.
Richard Masters, M.D.
Philip L. McCarthy, M.D.
Robert F. Tilley, M.D.

Assistants in Dermatology

Leroy D. Aaronson, M.D.
William L. Curwen, M.D.
Irwin M. Freedberg, M.D.
Burnham E. Lamkins, M.D.
Myron H. Matz, M.D.
A. David McGugan, M.D.
Arthur S. Spangler, M.D.

Clinical Associates in Dermatology

Joseph Albert, M.D.
Clito R. Damiani, M.D.
Nicholas J. Fiumara, M.D.
John L. Fromer, M.D.
Basil C. Gray, M.D.
William R. Hill, M.D.
Kenneth M. Lloyd, M.D.
Edmund L. Piper, M.D.
Sabino J. Sinesi, M.D.

Associate Biochemist
Irwin H. Blank, PH.D.

Associate Biologist
George Szabó, PH.D.

Assistant Biochemists

Jean B. Burnett, PH.D.
Madhukar A. Pathak, PH.D.

Assistants in Biochemistry

Yoshioki Hori, M.D., PH.D.
Masamitsu Miyamoto, D.M.SC.

Assistant in Biology
Paul F. A. Maderson, PH.D.

Assistant Physical Chemist
Robert Scheuplein, PH.D.

NEUROLOGY

Chief of Service
Raymond D. Adams, M.D.

Neurologists

Mandel E. Cohen, M.D.
Philip R. Dodge, M.D.
Pierre M. Dreyfus, M.D.
C. Miller Fisher, M.D.
Vincent P. Perlo, M.D.
Edward P. Richardson, M.D.
Robert S. Schwab, M.D.

Associate Neurologists

Hugo W. Moser, M.D.
Ernest H. Picard, M.D.
David C. Poskanzer, M.D.
William H. Timberlake, M.D.

Visiting Associate Neurologist
Janice R. Stevens, M.D.

Assistant Neurologists

Barry G. Arnason, M.D.
Arthur K. Asbury, M.D.
Richard L. Sidman, M.D.
Karel van Syckel Toll, M.D.
Gerald F. Winkler, M.D.

Assistants in Neurology

Albert C. England, Jr., M.D.
T. Corwin Fleming, M.D.
Robert E. Flynn, M.D.
Barbara A. Mella, M.D.
Arthur L. Prensky, M.D.
Norman P. Rosman, M.D.
Frederick J. Samaha, M.D.
Mary L. Scholl, M.D.
Alfred D. Weiss, M.D.

Neurophysiologists

John S. Barlow, M.D.
Elwood Henneman, M.D.

Assistant Neurophysiologist
Maria V. Z. Salam, M.D.

Associate Neuropathologist
Karl Erik Aström, M.D.

Associate Biochemist
John Gergely, M.D.

Assistant Biochemist
Mary L. Efron, M.D.

Psychologist

Murray Sidman, PH.D.

Associate Psychologist

Lawrence T. Stoddard, PH.D.

Assistant Psychologist

Harry A. Mackay, M.D.

Assistant in Psychology

Barbara Ray, PH.D.

PSYCHIATRY

Acting Chief of Service

*John C. Nemiah, M.D.

Psychiatrists

Gerald Caplan, M.D.
Morris E. Chafetz, M.D.
*Frank R. Ervin, M.D.
Paul M. Howard, M.D.
Gardner C. Quarton, M.D.
Peter E. Sifneos, M.D.
Alfred H. Stanton, M.D.
Avery D. Weisman, M.D.
Elizabeth R. Zetzel, M.D.

Associate Psychiatrists

Herbert J. Barry, Jr., M.D.
Robert L. Bragg, M.D.
Frederick J. Duhl, M.D.
Thomas Dwyer, M.D.
*Thomas P. Hackett, M.D.
Richmond Holder, M.D.
John H. Lamont, M.D.
Walter Mann, M.D.
David E. Reiser, M.D.
Samuel Silverman, M.D.
Jerome L. Weinberger, M.D.

Assistant Psychiatrists

Clemens E. Benda, M.D.
Norman R. Bernstein, M.D.
Frances J. Bonner, M.D.
Franklin Carter, M.D.
John G. Clark, M.D.
Gerald E. Davidson, M.D.
Daniel C. Dawes, M.D.
William H. Eger, M.D.
Freddy H. Frankel, M.D.
Phillip H. Gates, M.D.
Benjamin F. Gill, M.D.
Helen M. Herzan, M.D.
Pierre Johannet, M.D.
Samuel Kaplan, M.D.
Maria Lorenz, M.D.
Edward A. Mason, M.D.
Milton Mazer, M.D.
Edward Messner, M.D.
*Harry S. Olin, M.D.
Maxwell G. Potter, M.D.
Leonard R. Weiner, M.D.

*Hall-Mercer Hospital Staff

Assistants in Psychiatry

Herbert S. Cline, M.D.
Lucille P. Carter, M.D.
Pattison Esmiol, M.D.
Donald J. Fern, M.D.
Bruce W. Fischberg, M.D.
William Gray, M.D.
Alfred J. R. Koumans, M.D.
Miguel A. Leibovitch, M.D.
Herbert O. LeVine, M.D.
Michael T. McGuire, M.D.
George W. Rever, M.D.
Jack O. Rice, M.D.
William Sharpe, Jr., M.D.
William R. Shelton, M.D.
Danuta Stachiewicz, M.D.
Harold W. Williams, Jr., M.D.

Clinical Associates in Psychiatry

Ruth M. Crossfield, M.D.
Peter B. Hagopian, M.D.*
Bellended R. Hutcheson, M.D.
Arthur W. McMahon, M.D.
Lionelle D. Wells, M.D.

Clinical Assistants in Psychiatry

Harold Abramowitz, M.D.
Joseph H. Brenner, M.D.
Douglas Buchanan, M.D.
Theodore J. Dreier, Jr., M.D.
Eugene A. Glick, M.D.
Duane Q. Hagen, M.D.
Richard B. Hartman, M.D.
George B. Lawson, M.D.
John B. Spillane, M.D.

Psychologists

Marc A. Fried, PH.D.
Judy F. Rosenblith, PH.D.
Gene M. Smith, PH.D.
George A. Talland, PH.D.
John M. vonFelsinger, PH.D.

Associate Psychologists

Howard T. Blane, PH.D.
Donald C. Klein, PH.D.
Robert C. Misch, PH.D.
Richard R. Peebles, PH.D.

Assistant Psychologists

Sherry Autor, PH.D.
Lenin A. Baler, PH.D.
Frank M. Buckley, PH.D.
*Iris E. Fodor, PH.D.
Peter L. Gill, PH.D.
James J. Muller, PH.D.
Alvin J. Simmons, PH.D.
Nancy C. Waugh, PH.D.

Assistants in Psychology

Sanford M. Autor, PH.D.
Rosalind C. Barnett, PH.D.
Claire A. Fishman, PH.D.

Associate Sociologist

Louisa P. Howe, PH.D.

---

*Hall-Mercer Hospital Staff

Assistant Sociologists

Mark G. Field, PH.D. Murray Melbin, PH.D.
Irving K. Zola, PH.D.

Assistant in Mathematics

Stephen Lorch, B.S.

CHILDREN'S SERVICE

Chief of Service

Nathan B. Talbot, M.D.

Pediatricians

Leo B. Burgin, M.D.
John P. Connelly, M.D.
John D. Crawford, M.D.
Philip R. Dodge, M.D.
Thomas C. Peebles, M.D.
Ralph A. Ross, M.D.

Associate Pediatricians

T. Berry Brazelton, M.D.
William D. Cochran, M.D.
Leroy L. Eldredge, M.D.
Lawrence J. Essember, M.D.
*Richard B. Kearsley, M.D.
John W. Littlefield, M.D.
Philip J. Porter, M.D.
Robert T. Sceery, M.D.
Mary Louise Scholl, M.D.
Rudolf Toch, M.D.

Assistant Pediatricians

Nathan H. Fearer, M.D.
Joseph W. Fowler, III, M.D.
Allan Goldblatt, M.D.
Andrew D. Guthrie, Jr., M.D.
Herbert A. Haessler, M.D.
M. Edward Keenan, M.D.
David L. Lang, M.D.
Edward F. Rabe, M.D.
Stephen L. Reynolds, M.D.
John S. Robey, M.D.
Benjamin Sachs, M.D.
Boris Senior, M.D.
Dorothy B. Villee, M.D.

Assistants in Pediatrics

Arnold D. Fiascone, M.D.
John B. Joseph, M.D.
Rosemary D. Leake, M.D.
Eileen M. Ouellette, M.D.
*Peter B.-B. Rosenberger, M.D.
Murray K. Rosenthal, M.D.
Jordan S. Ruboy, M.D.
Daniel C. Shannon, M.D.
Lois M. Smedley, M.D.

Clinical Associates in Pediatrics

William J. Adelson, M.D.
Elroy E. Anderson, M.D.
Donald J. Annino, M.D.
Doris R. Bennett, M.D.
James J. A. Cavanaugh, M.D.
William A. Dickson, M.D.

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*On leave of absence

Robert A. Driscoll, M.D.
John A. Duggan, M.D.
Edward C. Dyer, M.D.
John G. Flynn, M.D.
Thomas Frank, M.D.
George A. Glines, M.D.
Theodore S. Golden, M.D.
Gerald W. Hazard, M.D.
Joseph L. Lewis, M.D.
Joseph J. McGovern, M.D.
Edward F. McGrath, M.D.
Francis C. McDonald, M.D.
Alexander S. MacDonald, M.D.
Donald M. Muirhead, Jr., M.D.
Charlotte G. Neumann, M.D.
James A. O'Shea, M.D.
William Pfeffer, Jr., M.D.
Walter Pick, M.D.
Leonard H. Plotkin, M.D.
Daniel R. Rectanus, M.D.
Robert H. Richie, Jr., M.D.
Jean D. Ross, M.D.
Marion L. Slemons, M.D.
Joseph F. Stocks, M.D.
Wilhelmina Van Dyke, M.D.
Richard H. Watson, M.D.
Thomas J. Whitfield, M.D.
Robert F. Wilson, M.D.
William D. Winter, Jr., M.D.
Eleanor C. Zaudy, M.D.

Alan Ziskind, M.D.

Psychologist

Jerome Kagan, PH.D.

Associates from other Services and Departments

Anesthesia:	Talbot D. Seigne, M.D.
Dental Medicine:	Walter C. Guralnick, D.M.D.
Dermatology:	Richard Masters, M.D.
General Surgery:	W. Hardy Hendren, III, M.D. W. Gerald Austen, M.D. John D. Constable, M.D. William C. Quinby, Jr., M.D.
Gynecologic Surgery:	Howard Ulfelder, M.D.
Neurology:	Hugo Moser, M.D. Mary L. Efron, M.D.
Orthopedic Surgery:	J. Drennan Lowell, M.D. Clement B. Sledge, M.D.
Psychiatry:	Richmond Holder, M.D. George W. Rever, M.D.
Radiology:	Alfred L. Weber, M.D.
Urological Surgery:	Guy W. Leadbetter, M.D.

SURGICAL DIVISION

GENERAL SURGERY

Chief of Surgical Services

Paul S. Russell, M.D.

Visiting Surgeons

W. Gerald Austen, M.D.
Marshall K. Bartlett, M.D.
Bradford Cannon, M.D.
Oliver Cope, M.D.
Gordon A. Donaldson, M.D.
F. Thomas Gephart, M.D.
Edward Hamlin, Jr., M.D.
Francis M. Ingersoll, M.D.
George L. Nardi, M.D.
J. Gordon Scannell, M.D.
Claude E. Welch, M.D.

Associate Visiting Surgeons

John F. Burke, M.D.
John D. Constable, M.D.
Thomas H. Green, Jr., M.D.
Hermes C. Grillo, M.D.
W. Hardy Hendren, M.D.
John W. Raker, M.D.
George S. Richardson, M.D.
Grant V. Rodkey, M.D.
Robert S. Shaw, M.D.
Frank C. Wheelock, Jr., M.D.
Earle W. Wilkins, Jr., M.D.

Assistant Surgeons

Benjamin A. Barnes, M.D.
Glenn E. Behringer, M.D.
Edwin L. Carter, M.D.
R. Clement Darling, M.D.
John M. Head, M.D.
Stephen E. Hedberg, M.D.
Charles E. Huggins, M.D.
Ronald A. Malt, M.D.
John B. McKittrick, M.D.
Charles G. Mixter, Jr., M.D.
Anthony P. Monaco, M.D.
William C. Quinby, Jr., M.D.
William P. Rogers, Jr., M.D.

Assistants in Surgery

Mortimer J. Buckley, Jr., M.D.
John W. Grover, M.D.
Arthur L. Herbst, M.D.
Lawrence J. Malone, M.D.
Charles F. McKhann, M.D.
Leslie W. Ottinger, M.D.
Chiu-an Wang, M.D.

Clinical Associates in Surgery

Richard C. Austin, M.D.
Martin J. Bellinger, M.D.
Charles B. Burbank, M.D.
Richard R. Curtin, M.D.
Chester J. Dexter, M.D.
George F. Emerson, M.D.
Edward L. Ferguson, M.D.
Gerald G. Garcelon, M.D.
Frank W. Garran, Jr., M.D.
Walter E. Garrey, M.D.
Irad B. Hardy, M.D.
Clement A. Hiebert, M.D.
Joseph A. Holmes, M.D.
William K. McClelland, M.D.
Carroll C. Miller, M.D.
Joseph E. Murray, M.D.
Anthony S. Patton, M.D.
Edwin W. Salzman, M.D.

Spiros P. Sarris, M.D.
James M. Shannon, M.D.
Richard H. Thompson, M.D.
Masao Yatsuhashi, M.D.

Clinical Assistants in Surgery

James M. Doonan, M.D.
Paul F. Gryska, M.D.
Eugene A. Guralnick, M.D.
Raphael H. Levey, M.D.
Peter J. Mozden, M.D.
Eldred D. Mundth, M.D.
John V. Pikula, M.D.
John L. Rowbotham, M.D.
D. Albert Young, M.D.

Associate Biologist

Leona Zacharias, PH.D.

Associate Immunologist

Henry J. Winn, PH.D.

Assistant in Biology

Lee V. Leak, PH.D.

ANESTHESIA

Chief of Service

Henry K. Beecher, M.D.

Anesthetists

Henrik Holt Bendixen, M.D.
Phillips Hallowell, M.D.
Henning Pontoppidan, M.D.
Donald P. Todd, M.D.

Associate Anesthetists

George E. Battit, M.D.
*Lawrence D. Egbert. M.D.
John W. D. Garrett, M.D.
John Hedley-Whyte, M.B., B.CHIR.
Myron B. Laver, M.D.
T. David Seigne, M.B., B.CHIR.

Assistant Anesthetists

Cesare G. Coletta, M.D.
Brian C. Dalton, L.R.C.P.I.
Suzanne J. Lamdin, M.D.
Edward Lowenstein, M.D.
Bucknam McPeek, M.D.
Roger H. Morris, M.D.
John D. Murphy, M.D.
Howard A. Trachtenberg, M.D.
Sarita G. Walzer, M.D.

Assistants in Anesthesia

Thomas J. Keenan, M.D.
Rita A. Manzi, M.D.
Dorothy A. Wescott, M.D.

---

*On leave of absence

Psychologist
Gene M. Smith, PH.D.

Assistant Psychologist
James E. Anliker, PH.D.

GYNECOLOGY

Chief of Service
Howard Ulfelder, M.D.

Staff shared with General Medical and Surgical Services

Clinical Associates

Robert H. Barker, M.D.
A. Gordon Gauld, M.D.
John L. Newell, M.D.
Charles P. Sheldon, M.D.
Bartlett H. Stone, M.D.

NEUROSURGERY

Chief of Service
William H. Sweet, M.D., D.SC.

Visiting Neurosurgeon
H. Thomas Ballantine, Jr., M.D.

Assistant Neurosurgeons

Hannibal Hamlin, M.D.
Raymond Kjellberg, M.D.

Assistants in Neurosurgery

Robert G. Ojemann, M.D.
R. Lewis Wright, M.D.

Associate Biochemist in Neurosurgery
Adelbert Ames, III, M.D.

Associate Biologist in Neurosurgery
John Garcia, PH.D.

Associate Chemist in Neurosurgery
Albert H. Soloway, PH.D.

Assistant Neurophysiologists in Neurosurgery

Padmakar P. Lele, M.D., PH.D.
Daniel A. Pollen, M.D.

Assistant Psychologist in Neurosurgery
Marianne L. Simmel, PH.D.

Clinical Associates in Neurosurgery

Edward P. Baker, Jr., M.D.
Murray H. Helfant, M.D.
Vernon H. Mark, M.D.
Jost J. Michelsen, M.D.

Clinical Assistants in Neurosurgery

Jerald S. Brodkey, M.D.
Harold A. Wilkinson, M.D.

ORTHOPEDIC SURGERY

Chief of Service

Melvin J. Glimcher, M.D.

Consulting Visiting Orthopedic Surgeon

Edwin F. Cave, M.D.

Visiting Orthopedic Surgeons

Otto E. Aufranc, M.D.
Thornton Brown, M.D.
Carter R. Rowe, M.D.

Associate Orthopedic Surgeons

William H. Harris, M.D.
Eugene E. Record, M.D.
John A. Reidy, M.D.

Assistant Orthopedic Surgeons

Thomas L. DeLorme, M.D.
William R. MacAusland, Jr., M.D.
William N. Jones, M.D.
Donald S. Pierce, M.D.
J. Drennan Lowell, M.D.
Morton Smith-Petersen, M.D.

Assistants in Orthopedic Surgery

Robert H. Boyd, M.D.
Edward A. Nalebuff, M.D.
Robert B. Brendze, M.D.
Edward J. Riseborough, M.D.
Hugh P. Chandler, M.D.
Clement B. Sledge, M.D.
William L. Kermond, M.D.
Edwin T. Wyman, Jr., M.D.

Clinical Associate in Orthopedic Surgery

Thomas F. Broderick, Jr., M.D.

Podiatrist

John D. McLean, D.S.C.

Assistant Podiatrists

Edward R. Bloom, D.S.C.
Donald D. Donovan, D.S.C.
Thomas F. Connolly, D.S.C.
Ralph W. Spinelli, D.S.C.
Homer J. Squires, D.S.C.

Clinical Assistant in Orthopedic Surgery

Roderick H. Turner, M.D.

Clinical Assistants to the Orthopedic Outpatient Department

James S. Hewson, M.D. Philip I. Salib, M.D.

Assistant Biologist in Orthopedic Surgery

Dorothy F. Travis, PH.D.

Assistant Biochemist in Orthopedic Surgery

Gerald L. Mechanic, PH.D.

Assistant Physical Chemist in Orthopedic Surgery

Elton P. Katz, PH.D.

UROLOGY

Chief of Service

Wyland F. Leadbetter, M.D.

Consulting Visiting Urologist

Sylvester B. Kelley, M.D.

Visiting Urologists

Walter S. Kerr, Jr., M.D. Howard I. Suby, M.D.

Assistant Urologists

Guy W. Leadbetter, Jr., M.D. Edward C. Parkhurst, M.D.
Lorande M. Woodruff, M.D.

Assistant in Urology

William L. Strickler, M.D.

Clinical Assistants in Urology

Donald Halverstadt, M.D. Philip Jay Howard, M.D.

DENTAL MEDICINE

Assistant Oral Surgeon and Acting Chief of Dental Medicine

Walter C. Guralnick, D.M.D.

Assistant Oral Surgeons

George Christman, D.M.D. Morton J. Olin, D.M.D.
Richard L. Miner, D.D.S. Earle H. Rosenberg, D.M.D.

Dental Surgeons

Barry J. Agranat, D.M.D. Charles H. Endee, D.M.D.
William L. Cosgrove, D.M.D. Henry D. Howe, D.M.D.
Peter A. Dempsey, D.M.D. Peter G. Kimball, D.M.D.

Owen W. Kite, D.D.S.
Robert C. Lincoln, D.M.D.
Frederick K. Poulin, D.M.D.
Donald B. Rae, D.D.S.
Keith A. Shangraw, D.M.D.
Leonard B. Shulman, D.M.D.
J. Henry Stempien, D.M.D.
William H. Tingey, Jr., D.M.D.

Assistant Dental Surgeons

Laurence I. Barsh, D.M.D.
Duane F. Carbone, D.M.D.
Robert E. Evans, D.M.D.
Donald L. Leake, D.M.D.
Joseph C. Oakley, D.M.D.
John B. Taylor, D.D.S.

Clinical Associates in Dental Medicine

Herman DeWilde, D.M.D.
Daniel J. Holland, Jr., D.D.S.
Terrance D. Hoover, D.M.D.
George M. Noss, D.M.D.
Charles E. Rounds, D.M.D.
Edward L. Sleeper, D.D.S.

Clinical Assistant in Oral Surgery

Lewis B. Harden, D.M.D.

DEPARTMENTS

PATHOLOGY

Chief of Department

Benjamin Castleman, M.D.

Pathologists

Richard B. Cohen, M.D.
Robert E. Scully, M.D.
Edgar B. Taft, M.D.
Austin L. Vickery, Jr., M.D.

Associate Pathologists

Leonard Atkins, M.D.
James B. Caulfield, M.D.
Wallace H. Clark, Jr., M.D.
Martin H. Flax, PH.D., M.D.

Assistant Pathologists

Karoly Balogh, M.D.
Sanford I. Roth, M.D.
Priscilla Dienes Taft, M.D.
Hubert J. Wolfe, M.D.

Assistants in Pathology

James M. Gibson, M.D.
Jane Fay Pascale, M.D.

Clinical Associates in Pathology

Robert Fienberg, M.D.
Wallace A. Jones, M.D.

Clinical Assistants in Pathology

Sheldon Cooperman, M.D.
G. Richard Dickersin, M.D.
Arthur W. Duff, M.D.
Robert S. Harper, M.D.
Lewis P. James, Jr., M.D.
George F. Kwass, M.D.

Neuropathologists

Raymond D. Adams, M.D.
Edward P. Richardson, M.D.

Associate Neuropathologists

Karl Eric Aström, M.D.
C. Miller Fisher, M.D.

Assistant Biologist

Barbara H. Sanford, PH.D.

BIOCHEMICAL RESEARCH

Henry S. Wellcome Research Biochemist

Herman M. Kalckar, M.D., PH.D.

Assistant Biochemists

Kaney Ebisuzaki, PH.D.
Hiroshi Nikaido, M.D., PH.D.
Annette M. C. Rapin, PH.D.
Donald F. H. Wallach, M.D.

Assistant in Biochemistry

Erika E. Randerath, PH.D.

BACTERIOLOGY

Bacteriologist

Lawrence J. Kunz, PH.D.

Assistant Bacteriologists

Theodore F. Medrek, PH.D.

Barbara K. Watson, PH.D.

CLINICAL CHEMISTRY LABORATORIES

Chief

Sidney V. Reider, PH.D.

CLINICAL LABORATORIES

Director

William S. Beck, M.D.

RADIOLOGY

Chief of Department

Laurence L. Robbins, M.D.

Radiologists

Milford D. Shulz, M.D.

Stanley M. Wyman, M.D.

Associate Radiologists

Robert E. Dinsmore, M.D.
Jack R. Dreyfuss, M.D.
J. Malcolm MacNeil, M.D.
Paul F. J. New, M.D.
Henry P. Pendergrass, M.D.
Majic S. Potsaid, M.D.
Frederick S. Tomchik, M.D.
Chiu-chen Wang, M.D.
Alfred L. Weber, M.D.

Visiting Radiologist

Lucy F. Squire, M.D.

Assistant Radiologists

Douglass Howry, M.D.
Murray L. Janower, M.D.
K. Jack Momose, M.D.
Robert A. Nebesar, M.D.
James J. Pollard, M.D.

Assistants in Radiology

Melvin E. Clouse, M.D.
Richard C. Pfister, M.D.
Roland G. Ware, M.D.
George F. Zinninger, M.D.

Consultant Visiting Radiologist

Felix Fleischner, M.D.

Clinical Associates in Radiology

Joseph Hanelin, M.D.
H. Peter Mueller, M.D.
Richard G. O'Brien, M.D.

Clinical Assistants in Radiology

D. Glyn Millard, M.D.
Abbott R. Miller, M.D.
James A. Peterson, M.D.
John T. Pollard, Jr., M.D.
Dale E. Wenlund, M.D.

Physicist

Edward W. Webster, PH.D.

Assistant Physicist

Hing-Har Lo, M.D.

Assistant in Physics

Rosemarie Wipfelder, B.S.

Engineer

Malcolm Mackay

PHYSICAL MEDICINE

Chief of Physical Medicine

Arthur L. Watkins, M.D.

BLOOD BANK AND TRANSFUSION SERVICE

Director

Morten Grove-Rasmussen, M.D.

Assistant Directors

Anthony F. M. Britten, M.D.
Charles E. Huggins, M.D.
Robert S. Shaw, M.D.

CONSULTANTS

Consultant in Medicine

Benjamin G. Ferris, M.D.

Consultants in Preventive Medicine

John E. Gordon, M.D. David D. Rutstein, M.D.

Consultant in Tropical Diseases

George C. Shattuck, M.D.

Consultant to the Physics Research Laboratory, Department of Medicine

M. Stanley Livingston, PH.D., D.S.C.

Consultants in Dentistry, Department of Neurology

Richard A. Winer, D.M.D. M. Michael Cohen, D.M.D.

Consultant in Neuropathology

Paul I. Yakovlev, M.D.

Consultant in Psychology, Department of Psychiatry

Helen Beier, PH.D.

Consultant in Mathematics, Department of Psychiatry

Charles L. Feldman, SC.D.

Consultants to Children's Service

William Berenberg, M.D. Louis K. Diamond, M.D.

Alexander S. Nadas, M.D.

Consultant in Neonatology

Clement A. Smith, M.D.

Consultant in Chemical Engineering

Edward W. Merrill, D.SC.

Consultant to Surgical Service

Charles C. Lund, M.D.

Consultant in Biophysics in Neurosurgery

Eugene Bell, M.SC., PH.D.

Consultants to Orthopedic Service

Morris Cohen, PH.D. Robert J. Hanson, SC.D.

Consultant in Physics to Orthopedic Service

George Scatchard, PH.D.

Consultant in Pathology

Walter G. J. Putschar, M.D.

Consultants in Radiology

Henry I. Kohn, PH.D., M.D.
John B. Little, M.D.
Edward B. D. Neuhauser, M.D.
Richard Schatzki, M.D.
Melvin Tefft, M.D.

Consultants in Physics

Robley D. Evans, PH.D.
John G. Trump, D.SC.

HOUSE STAFF

Residents and Interns
As of January 1, 1967

Medicine

Chief Resident: Stephen E. Goldfinger, M.D.

Residents:

George L. Cohen, M.D.
Robert B. Copeland, M.D.
Stephen J. Doctoroff, M.D.
Edward D. Harris, Jr., M.D.
Robert C. Moellering, Jr., M.D.
William J. Powell, Jr., M.D.
Herbert S. Waxman, M.D.

Assistant Residents:

John P. Blass, M.D.
Hollis B. Brewer, Jr., M.D.
Edward B. Gilmore, M.D.
Antonio M. Gotto, Jr., M.D.
Martin L. Greene, M.D.
John T. Harrington, Jr., M.D.
Terry Langer, M.D.
Richard A. Loescher, M.D.
Ferid Murad, M.D.
Gilbert S. Omenn, M.D.
Edward M. Scolnick, M.D.
Thomas W. Smith, M.D.
Samuel R. Snodgrass, M.D.
Michael M. Stewart, M.D.
James T. Willerson, M.D.

Interns:

Joseph D. Babb, M.D.
Laurence H. Beck, M.D.
Lewis C. Becker, M.D.
Michael S. Brown, M.D.
John W. Burnside, M.D.
Matthew L. Carr, M.D.
David C. Dale, M.D.
Gilbert H. Daniels, M.D.
Joseph L. Goldstein, M.D.
Gilman D. Grave, M.D.
Robert P. Mogielnicki, M.D.
Edward J. Pollock, M.D.
H. Denman Scott, M.D.
Laurence J. Sloss, M.D.
Harold C. Sox, Jr., M.D.
Samuel Strober, M.D.
Michael G. Worthington, M.D.

Dermatology

Assistant Residents:

Evelina A. Bernardino, M.D.
Doninador C. Calderon, M.D.
Michael Fisher, M.D.
William F. Gallagher, Jr., M.D.
Andrew A. Simone, M.D.
Mary D. Skinner, M.D.

Neurology

Resident: Verne S. Caviness, Jr., M.D.

Assistant Residents:

Frederic K. Cantor, M.D.
Darryl C. DeVivo, M.D.
William R. Scott, M.D.

Psychiatry

Assistant Residents:

Stuart H. Fine, M.D.
Michael H. Nelson, M.D.
Alfredo T. Suescum, M.D.

Children's

Chief Resident: John C. Robinson, M.D.

Assistant Chief Resident: T. S. Halldorsson, M.D.

First Assistant Residents:

Gregory R. Bonomo, M.D.
Andrew G. Glass, M.D.
William B. Henry, M.D.

Second Assistant Residents:

Judith P. Gieske, M.D.
Doris M. Greenberg, M.D.
Martin H. Greenberg, M.D.
David T. Greenleaf, M.D.
John J. McNamara, M.D.
John W. Scanlon, M.D.

Interns:

Stephen O. Atherton, M.D.
Melvyn B. Levine, M.D.
Barbara J. McNeil, M.D.
Joseph D. Schulman, M.D.
Robert A. Struble, M.D.

Surgery

First Assistant Residents:

George N. Andros, M.D.
Sheldon C. Binder, M.D.
Robert J. Corry, M.D.
George A. May, Jr., M.D.
Ashby C. Moncure, M.D.
Dennis D. O'Keefe, M.D.
Bruce E. Zawacki, M.D.

Second Assistant Residents:

Ali A. Barekat, M.D.
Wallace H.-J. Chang, M.D.
Joseph M. Civetta, M.D.
Joel D. Cooper, M.D.

A. Benedict Cosimi, M.D.
Josef E. Fischer, M.D.
Preston H. Gada, M.D.
Graeme L. Hammond, M.D.
Dexter W. Lawson, M.D.
Michael N. Margolies, M.D.
Jack M. Monchik, M.D.
William R. Moore, M.D.
John B. Mulliken, M.D.
Gordon F. Murray, M.D.
Martin J. Nathan, M.D.
Ronald M. Weintraub, M.D.
LeRoy S. Wirthlin, M.D.

Third Assistant Residents:

Max H. Cohen, M.D.
Robert J. Figman, M.D.
Joseph V. Hajek, M.D.
Eric H. Johnson, M.D.
Peter B. Mansfield, M.D.
Richard S. Myers, M.D.
Ambrose P. McLaughlin, III, M.D.
Melvin R. Platt, M.D.
Clinton D. Vermillion, M.D.
Willis H. Williams, M.D.
Laurence E. Wolf, M.D.

Interns:

Ronald M. Abel, M.D.
Timothy G. Canty, M.D.
Robert M. Crowell, M.D.
Bruce St.J. Cutler, M.D.
Frederick J. Finseth, M.D.
Edward E. Jacobs, Jr., M.D.
Theodore P. Pincus, M.D.
Charles E. Poletti, M.D.
William U. Shipley, M.D.
Everett V. Sugarbaker, M.D.
Thomas J. Vander Salm, M.D.
William C. Wood, M.D.

Neurosurgery

Assistant Residents:

Charles E. Brown, M.D.
Robert C. Cantu, M.D.
Gerald N. Gold, M.D.
Alberto Prieto, Jr., M.D.
Joseph C. Rich, Jr., M.D.
John McL. Tew, M.D.
James G. Wepsic, M.D.
Shyam B. Yodh, M.D.

Anesthesia

Chief Resident: Ronald R. Larson, M.D.

Assistant Residents:

Wayne E. Baldwin, M.D.
Fergus M. Cameron, M.B., B.Chir.
Brian C. Carroll, M.D.
Dora R. Empson, M.D.
Mohammad H. Esmaili, M.D.
Nishan G. Goudsouzian, M.D.
Brian H. Gross, M.D.
Stephen H. Jackson, M.D.
Kenneth M. Janis, M.D.
Philip J. Keating, M.B.
Charles J. Kopriva, M.D.
Irena K. Michalska, M.D.
Stanislaw K. Necek, M.D.
Pere A. Owen, M.D.
James F. Schauble, M.D.
Richard S. Traul, M.D.
Camilo Vidal, M.D.
John S. Willens, M.D.
Sybil Wong Woo, M.D.
Mitsuo Yokoyama, M.D.

Orthopedic Surgery

Residents:

David W. Grainger, M.D.
Patrick J. Logue, M.D.
Richard G. McCollum, M.D.
Henry S. Urbaniak, Jr., M.D.

Assistant Residents:

Arthur L. Boland, Jr., M.D.
Robert B. Keller, M.D.
Allen S. Lewis, M.D.
Francis D. O'Connell, M.D.
Won Hwan Oh, M.D.
Dineshkumar G. Patel, M.B., B.S.
Edwin T. Preston, M.D.
Rafael Saravia, M.D.
William H. Simon, M.D.
Charles M. Smith, M.D.
Harris S. Yett, M.D.

Urology

Assistant Residents:

Ruben F. Gittes, M.D.
John J. Greisman, M.D.
Thomas R. Hakala, M.D.
Mahmoud M. Kabbani, M.D.
Richard B. Raines, M.D.

Pathology

Resident:

Joel Umlas, M.D.

Assistant Residents:

*George R. DeLong, M.D.
Jerry L. Harris, M.D.
Robert A. Hershberg, M.D.
John W. Mason, M.D.
Gerald Nash, M.D.
Takashi Okagaki, M.D.
Stanley J. Robboy, M.D.
Roger A. Williams, M.D.

Radiology

Residents:

Joseph T. Ferrucci, Jr., M.D.
Donald J. Fleischli, M.D.
Bruce J. Haskins, M.D.
Thomas E. Shea, M.D.

Assistant Residents:

**S. Boyd Eaton, M.D.
Edward H. Eliscu, M.D.
Francis J. Gallia, M.D.
Reginald E. Greene, M.D.
Richard M. Heller, M.D.
A. Everette James, Jr., M.D.
Charles K. Jenkins, M.D.
**Joseph H. Lyons, M.D.
Kook S. Oh, M.D.
Robert F. Rider, M.D.
James W. Wallace, M.D.
Milton A. Weiner, M.D.

Dental

Interns:

Charles R. Bowen, D.M.D.
Daniel L. Nozik, D.M.D.

---

*Assigned to Neuropathology

**Academic Diagnostic Radiology Special Training Program

CLINICAL AND RESEARCH FELLOWS

Medicine

Visiting Fellows:

Eva S. Kirsten, M.D.
Roland K. Kirsten, M.D.
Robin D. Marshall, PH.D.
Louis Shuster, PH.D.
Helmut F. Weicker, M.D.

Fellows:

Levi C. Adams, M.A.
Mohammed Akbarian, M.D.
Douglas V. Almond, M.D.
David H. Alpers, M.D.
Alan B. Ashare, M.D.
Komanduri Ayyanger, PH.D.
Doris E. Barber, M.D.
Paul Baumann, PH.D.
Bernard W. Benard, M.D.
Anil K. Bhattacharyya, PH.D.
Anthony F. H. Britten, M.D.
Romaine R. Bruns, PH.D.
Matthew A. Budd, M.D.
Hans Burgi, M.D.
Rogelio E. Catalan, PH.D.
Renata E. Cathou, PH.D.
Laurence P. Cloud, M.D.
Cecil H. Coggins, M.D.
Albert R. Deep, M.D.
Donald R. DiBona, PH.D.
Charles H. Doering, PH.D.
John D. Dougherty, M.D.
Marc H. Dresden, PH.D.
Richard J. Duma, M.D.
William R. Elliott, PH.D.
John M. Evanson, M.B.
Jack E. Farnham, M.D.
Allison B. Felarca, M.D.
Joseph W. Fowler, M.D.
N. Robert Frank, M.D.
Pierce Gardner, M.D.
Edmund H. Géschickter, M.D.
Robert M. Glickman, M.D.
Jerome H. Grossman, M.D.
John W. B. Hershey, M.D.
Hans A. Hochrein, M.D.
Newton E. Hyslop, Jr., M.D.
George A. Jacoby, M.D.
Claude M. Janeway, PH.D.
John J. Jeffrey, Jr., PH.D.
Robert E. Kahn, M.D.
John A. Kastor, M.D.
Madeline A. Kirchberger, PH.D.
Lawrence M. Klainer, M.D.
Ulrich R. Kleeberg, M.D.
Russell C. Klein, M.D.
Raymond S. Koff, M.D.
Toshimasa Kojima, B.S.
Kichang Kum, PH.D., M.D.
Robert C. Leinbach, M.D.
David M. Linekin, M.D.
Manuel Lopez, M.D.
Denis G. Martin, M.B., B.CH.
Donald McCaughan, M.D.
James C. McFarland, M.D.
Neil McIntyre, M.B., B.S.
James P. A. McManus, M.B., CH.B.
Gerald Medoff, M.D.
Judith Medoff, M.A.
Frederick L. Moolten, M.D.
Raymond L. H. Murphy, Jr., M.D.
Allen R. Meyers, M.D.
Robert M. Neer, M.D.
Alexander M. Neville, M.D.
Robert K. Ockner, M.D.
Hiroshi Ohta, M.D.
Normand E. Olivier, M.D.
Willy N. Pachas, M.D.
David W. Parsons, M.D.
Peter Perchemlides, PH.D.
James I. Peters, Jr., M.D.
Jack H. Pincus, PH.D.
Andre L. Purnode, M.D.
Eliezer S. Rachaman, PH.D.

Alan H. Rapoport, M.D.
Alla R. Reddy, PH.D.
P. A. R. Reddy, M.D.
Stanley J. Reiser, M.D.
Frank F. Richards, M.D.
Glyn P. Roberts, PH.D.
Peter Schofield, PH.D.
Charles L. Schulman, M.D.
Howard J. Schwartz, M.D.
Kenneth I. Shine, M.D.
Cynthia K. Silbert, M.D.
Pierre G. Sinay, D.SC.
William B. Stason, M.D.
Denise J. Streider, M.D.
Yolando Q. M. Sulit, M.D.
Roger H. Sweet, M.D.
Kay Tanaka, M.D.
Gilbert R. Thompson, M.D.
Yong Uahwatanasakul, M.D.
Michael B. Valotton, M.D.
Francis A. Waldvogel, M.D.
Ian L. Weatherall, PH.D.
Dale A. Webster, PH.D.
Richard L. Weinstein, M.D.
Samuel Wilensky, PH.D.

Dermatology

Stanley S. Bleehen, M.R.C.P.
Rosine Bretton, M.D.
Dimitrios T. Kalivas, M.D.
Jeltje J. A. Koumans, M.D.
Martin C. Mihm, Jr., M.D.
Kathleen T. O'Shea, M.D.

Psychiatry

Albert G. Abriel, M.D.
Walter E. Afield, M.D.
George Bach-y-rita, M.D.
Brian B. Bouton, M.D.
Leslie Brooks, M.D.
Pablo Pacheco (Cabrera), M.D.
Edward A. Conboy, M.D.
Marianne Dierks, M.D.
Anthony E. Elite, M.D.
Amir M. Farhadi, M.D.
Paul G. Foster, M.D.
Ivan Fras, M.D.
Kenneth F. Green, PH.D.
Eddie H. Harris, M.D.
Suzanne L. Hetrick, M.A.
M. Judith Hill, PH.D.
David Hutchison, M.D.
Masaya Jimbo, M.D.
Stuart M. Kameny, M.D.
Olga S. Karplus, M.A.
Dubravko M. Kuftinec, M.D.
David Lelos, M.A.
Vera S. Levett, PH.D.
John R. Lion, M.D.
Lawrence Litman, M.D.
Peter R. Manes, M.D.
Aleksander A. Mathe, M.D.
John J. MacMahon, M.D.
Brenda K. McGowen, PH.D.
Hugh B. McNamee, M.B., B.CH.
Charles J. Meyers, PH.D.
Joel A. Michael, PH.D.
Eileen D. Morley, B.S.
Albert W. Moser, M.D.
Karen L. Pajari, M.D.
Frank J. Paolitto, M.D.
Susan V. Quinby, PH.D.
David L. Raphling, M.D.
Mark W. Rhine, M.D.
Sirgay Sanger, M.D.
Dora L. Scaliter, M.D.
Bernardo S. Scheimberg, M.D.
Margaret M. Shahriari, M.D.
Stanley E. Slivkin, M.D.
Larry H. Strasburger, M.D.
Serafettin Tombuloglu, M.D.
Robert H. Trivus, M.D.
Evelyn D. Waitzkin, M.D.
Howard J. Weisman, M.D.

Pediatrics

Christos S. Bartsocas, M.D.
Hans H. Bode, M.D.
Stanley D. Johnsen, M.D.
Bruce M. Rosenberg, M.D.
Richard C. Talamo, M.D.
Joseph B. Warshaw, M.D.

Neurology

Mary A. G. Ampola, M.D.
Alfred W. Brann, Jr., M.D.
Joven R. Cuanang, M.D.
Marvin A. Fishman, M.D.
Edwin H. Kolodny, M.D.
Andrea H. Nash, M.D.
Mool P. Nigam, M.D.
Shyam S. Pant, M.D.
Alan L. Pearlman, M.D.
George Perlstein, M.D.
Kenneth S. Posner, M.D.
Robert A. T. Scott, M.D.
Ingeborg van Pelt, M.D.
Job R. Vibal, M.D.
Joel J. West, M.D.
Philip A. Wolf, M.D.

Neuropathology

John R. Baringer, M.D.
John F. Griffith, M.D.
Jay P. Mohr, M.D.
Michael J. Moore, M.D.
Martin C. Raff, M.D.
Jean J. Rubeiz, M.D.
Virgilio E. Sangalang, M.D.
Vincent P. Sweeney, M.D.

Surgery

Conrado C. Bondoc, M.D.
Giuliano Daddi, M.D.
Willard M. Daggett, Jr., M.D.
Allen L. Davies, M.D.
Paul L. Frederick, M.D.
Felix H. Harder, M.D.
Michel Jeannet, M.D.
Eduardo R. M. Juca, M.D.
Allyn G. May, M.D.
Andrzej H. Michalski, M.D.
Anne W. Phillips, M.D.
Graham C. Priestley, PH.D.
Anthony P. Scapicchio, M.D.
Ulla Sivertsen, M.S.
Kozo Suma, M.D.
B. A. Van Der Werf, M.D.
Francis G. Wolfort, M.D.
Zenya Zamazaki, M.D.
Shinji Yuasa, M.D.

Anesthesia

Eric Wainø Andersen, M.D.
Paul R. Berry, M.B., CH.B.
Leonard S. Bushnell, M.D.
Michel A. Duvelleroy M.D.
Nancy Jo Engeset M.D.
Joan W. Flacke, M.D.
Chester J. Flynn, M.D.
Bennie Geffin, M.D.
John A. Goodwin, M.D.
John A. A. Hakes, M.D.
Hartmut B. Heitmann, M.D.
Guenther E. Herpfer, M.D.
Reidar Hoff, M.D.
Patricia W. Osgood, A.B.
Sigurd Rosenkaimer, M.D.
Arnold Sladen, M.B.
Judith A. Tassie, M.D.
Robin A. Van Der Molen, M.B.
Audrey Winsey, M.B., CH.B.
Peter M. Winter, M.D.
Gerald L. Zeitlin, F.F.A.R.C.S.

Neurosurgery

Philippe F. Benda, M.D.
Bennie Bub, F.R.C.S.
Hiroshi Hatanaka, M.D.
Paul L. Kornblith, M.D.
Takesada Mori, M.D.
Juan E. Roda, M.B.
A. David Roth, M.D.
Akira Shintani, M.D.
Kuniyuki Someda, M.D.
Katsumi Suematsu, M.D.

Orthopedic Surgery

Anthony L. Andrikides, PH.D.
Marc A. Asher, M.D.
John R. Auty, PH.D.
Laurence C. Bonar, PH.D.
David Hamblen, M.D.
John E. Kenzora, M.D.
Philip T. Levine, D.M.D.
Jerome M. Seyer, M.D.
Robert E. Steele, Jr., M.D.
Hershey Warshawsky, PH.D.
Zvi H. Yosipovitch, M.D.

Pathology

Juanito B. Billote, M.D.
James J. Daly, M.B.
Ronald A. DeLellis, M.D.
John L. Farber, M.D.
James J. Galdabini, M.D.
Charles G. Huizenga, M.D.
Richard A. Jaqua, M.D.
Leslie S. Kish, M.D.
Kilmer S. McCully, M.D.
Sixto Recavarren, M.D.
Robert L. Trelsted, M.D.
Ronald S. Weinstein, M.D.

Radiology

Naim K. Atallah, M.D.
Kyoichi Fujii, M.D.
Derek J. Goodman, M.D.
Gerald H. Kolodny, M.D.
John H. Leonard, M.D.
Jorgen Stovring, M.D.

Biochemical Research

Alexander U. Bertland, PH.D.
Adrienne S. Gordon, PH.D.
Ryosuke Yuasa, M.D.

Dental Medicine

Walter S. Krawczyk, D.D.S.
Arthur L. Sperling, D.M.D.
Peter E. Strock, D.D.S.

McLEAN HOSPITAL

List of Officers of the McLean Hospital will be found on page 207.

The Ophthalmological and Otolaryngological needs of the Massachusetts General Hospital are served by the Massachusetts Eye and Ear Infirmary. Their Staff becomes a part of the Staff of the Massachusetts General Hospital and is as follows:

MASSACHUSETTS EYE AND EAR INFIRMARY

Department of Ophthalmology

Chief of Ophthalmology

David G. Cogan, M.D.

Associate Chief of Ophthalmology

Carl C. Johnson, M.D.

Surgeons in Ophthalmology

Mahlon T. Easton, M.D.
Garrett L. Sullivan, M.D.
Albert E. Sloane, M.D.
Carl C. Johnson, M.D.
Earl S. Seale, M.D.
Harry E. Braconier, M.D.

Associate Surgeons in Ophthalmology

Henry F. Allen, M.D.
W. Morton Grant, M.D.
Sumner D. Liebman, M.D.
Abraham Pollen, M.D.
Charles L. Schepens, M.D.
Joseph M. Clough, M.D.
Karl Riemer, M.D.
Henry A. Mosher, M.D.
Francis J. West, M.D.
Robert J. Brockhurst, M.D.
Taylor R. Smith, M.D.
Alfred W. Scott, M.D.
Charles H. MacLaughlin, M.D.

Assistant Surgeons in Ophthalmology

David H. Scott, M.D.
Warren D. Haley, M.D.
Thomas P. Cronin, M.D.
John M. Hill, M.D.
Arthur M. Morrissey, M.D.
Ichiro D. Okamura, M.D.
D. Robert Alpert, M.D.
Charles D. J. Regan, M.D.
David D. Donaldson, M.D.
S. Arthur Boruchoff, M.D.
Paul M. Runge, M.D.
Bertha Offenbach, M.D.
Richard S. Chapman, M.D.
Claes H. Dohlman, M.D.
Irving L. Pavlo, M.D.
Byron S. Lingeman, M.D.
George M. Olive, Jr., M.D.

Assistants in Ophthalmology

Lloyd M. Aiello, M.D.
Arthur F. Calnan, M.D.
John M. Carroll, M.D.
Eugene C. Ciccarelli, M.D.
H. MacKenzie Freeman, M.D.
Carl Gates Freese, Jr., M.D.
George E. Garcia, M.D.
John R. Gehring, M.D.
Ralph H. Hinckley, M.D.
*Roland E. Houle, M.D.
Paul D. Hurley, M.D.
B. Thomas Hutchinson, M.D.
Robert S. L. Kinder, M.D.
Robert C. Lawlor, M.D.
Howard Leibowitz, M.D.
*Simmons Lessell, M.D.
Irwin T. Mancall, M.D.
J. Wallace McMeel, M.D.
Ernst J. Meyer, M.D.
David Miller, M.D.
Robert A. Petersen, M.D.
Silvio R. Pirquet, M.D.
Robert D. Reinecke, M.D.
Richard M. Robb, M.D.
Perry Rosenthal, M.D.
Baruch J. Sachs, M.D.
Richard J. Simmons, M.D.
Donald R. Weis, M.D.
Michael Wiedman, M.D.
Jeremy B. Whitney, M.D.

Ophthalmic Pathology

Taylor R. Smith, M.D., *Director*
Toichiro Kuwabara, M.D. *Assistant*

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*On Leave of Absence

DEPARTMENT OF OTOLARYNGOLOGY

Chief of Otolaryngology

Harold F. Schuknecht, M.D.

Surgeons in Otolaryngology

John R. Richardson, M.D.
J. Charles Drooker, M.D.
Daniel Miller, M.D.
Donald K. Lewis, M.D.
John E. McKeigue, M.D.
Bernard Zonderman, M.D.
William W. Montgomery, M.D.

Associate Surgeons in Otolaryngology

Herman J. Sternstein, M.D.
*Aram Roopenian, M.D.
Charles Kent, M.D.
Robert E. Klotz, M.D.
Sidney R. Wilker, M.D.
*Anthony Zovickian, M.D.
William L. Hayden, M.D.
Thomas R. Klein, M.D.
Robert H. Lofgren, M.D.
Alfred L. Hurst, M.D.

Assistant Surgeons in Otolaryngology

Elizabeth DeBlois, M.D.
Hugo D. Angelini, M.D.
Louis E. Griffey, M.D.
Geza J. Jako, M.D.
John C. Trakas, M.D.
Yale J. Berry, M.D.
Allan G. Edwards, Jr., M.D.
Richard R. Gacek, M.D.
Roy A. Johnson, M.D.
John M. Kurkjian, M.D.

Assistants in Otolaryngology

Frank W. Brady, M.D.
Werner D. Chasin, M.D.
Robert W. Clubb, M.D.
Charles W. Gross, M.D.
Lawrence S. Hirsch, M.D.
Donald G. Keamy, M.D.
David L. Pierce, M.D.
Daniel J. Reagan, M.D.
Mendell Robinson, M.D.
Sydney Shore, M.D.
Morris Swartz, M.D.
Albert Weiser, M.D.
**Alfred D. Weiss, M.D.

Director of Otolaryngological Pathology

Karoly Balogh, Jr., M.D.

Director of Radiology

Alexander S. Macmillan, Jr., M.D.

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*Plastic Operations
**Neurology

One Hundred and Fifty-Third Report of the Trustees

IN the year 1966 there were developments both inside and outside the Massachusetts General Hospital which will profoundly affect its future. The advent of Medicare at first seemed of only limited effect since occupancy was already at record highs, but as the year wore on the gradually increasing average age of patients began to reflect the Government's concern for the senior citizen, and the Hospital began to exhibit all the pressures and frustrations that inevitably occupy initial efforts towards bureaucratic implementation of a massive Federal program. The net effect to date has been to strain the facilities, the finances and the personnel of the Hospital almost to the breaking point. We are extremely proud that the devoted and capable efforts of the Staff under the competent generalship of Dr. Knowles have been able to take care of the increased patient load without reducing the quality of care. Our Accounting Department has coped manfully and effectively with the mountain of paper work and Mr. Martin has been of great assistance to the Government in the establishment of workable procedures, but in spite of all efforts, the lag in—and in some cases, the total breakdown of—reimbursement has resulted in a serious drain on our finances.

The year 1966 also marked the award of the contract for the construction of the new Surgical and Special Services Building, which will be our largest building and, indeed, we believe the largest hospital building ever built in New England. It will relieve us for some time to come of the extremely serious shortage of space with which we are now painfully co-existing. As this is written, the foundations are virtually complete, and the steel work is rising rapidly into the skyline. Hopefully, by the end of 1967, the devious passageways through the temporary buildings will have been replaced by the usual routes. The problem of raising funds for the Building has been actively pursued throughout the year, and the long hours and hard work

devoted to this end by Messrs. Gray and Bigelow, of the Trustees, should be made of grateful record. In spite of their considerable success, the need is so large that at year's end the Hospital is facing the necessity for the first time in its history of borrowing money. Somehow during the immediately ensuing period the money must be found to enable us to continue to perform our essential services to the community and the nation.

The financial problem of the new Building of course has had and will have first priority over all other needs. To put it simply but accurately, until it is solved no substantial Hospital funds can be committed for any other purpose, no matter how pressing. At the same time, the vastly increased utilization of the inadequate and crowded radio-therapy facilities has required the initiation, jointly with the Eye and Ear Infirmary, of planning for a new radio-therapy unit. The architect for this planning has already been selected.

Our perennial parking problem has been greatly alleviated, at least for the time being, in a manner which is adequate if not gaudy. The acquisition of the large plot of vacant land on Nashua Street and the provision there of space for employee parking with shuttle bus service to and from the White Building has eased the congestion of the nearby parking lots, which are now more freely available to patients, doctors and visitors. The Hospital has agreed to sell that portion—about one-third —of the Nashua Street property which is not necessary for employee parking to a group who will construct a proprietary nursing home.

Improvements to the physical plant during the year include the creation of two cardiac extensive care units, one in Phillips House and the other in Bulfinch, the start of a separate ambulatory clinic for alcoholics to be named for Miss Elizabeth Tilton, a late member of the Ladies' Visiting Committee, who bequeathed money for this purpose, the provision of five new patient rooms in Phillips House from former utility space, a large increase in the number of apartments in Charles River Park leased for nurses' occupancy, and the refurbishing of the Winchell School for the School of Nursing. In the latter

case, the Hospital paid a token of its respect for and debt to the retiring Director of Nurses in renaming the Winchell School as the Ruth Sleeper Hall.

The Chiefs of three Services and the Director of the School of Nursing and Nursing Service were lost in the year through the appointment of Dr. Ebert as Dean of the Harvard Medical School, the retirement of Dr. Lindemann and of Miss Sleeper and the death of Dr. Weisberger. The Trustees take pride in the appointment of Dr. Alexander Leaf as Chief of the Medical Services, of Miss Edna S. Lepper as Director of the Nursing Service and of Miss Natalie Petzold as Director of the School of Nursing. Drs. John C. Nemiah and Walter Guralnick have served well as Acting Chiefs of Psychiatry and the Dental Service, respectively. We were also fortunate in persuading Dr. Carl Cori, a former member of our Scientific Advisory Committee and Nobel Laureate, to accept appointment as the Albert A. List Investigator.

The McLean Hospital completed a busy and successful year with its in-patient load close to capacity and with the further development of its interesting and important day-care service to the community. We are happy to report also that careful and efficient management under the direction of Dr. deMarneffe produced a result well within the budget. The long-range plan for its future development, authorized at last year's end, is in an active planning stage. In addition, plans are being developed for the establishment of a unit of the Hall-Mercer Hospital, for the treatment of juvenile and adolescent patients, on the McLean Hospital grounds.

Continuing efforts have been made to maintain the good relationships which we enjoy with our employees by the provision of increased pay scales, particularly for nurses and interns, better retirement benefits and improvements to working areas. These steps were costly but vital; the core of the excellence of any institution is the people who serve it.

One of the provisions of Medicare requires a formal Utilization Review Committee to assure that bed capacity of hospitals be used to the greatest advantage to the patients and the community. Such a committee on which both Staff and Trustees

serve, has been created and is actively engaged in wrestling with many interesting and difficult problems from admission to discharge.

Bishop Sherrill has been the active and able Chairman of the Trustees Advisory Committee on Research and the Individual for the development of controls on clinical research.

The Trustees and the Hospital suffered an irreplaceable loss in the death of Monsignor Robert P. Barry on October 8th. The Trustees recorded the following resolution:

> "We record with great sorrow the death on October 8th, 1966 of our fellow Trustee, Rt. Rev. Robert P. Barry. Appointed to the Board by Governor Saltonstall in 1941 and reappointed to the Board by each succeeding Governor, 'Father Bob', as he was affectionately called by all of us, gave to the Hospital for over a quarter of a century devoted and outstanding service.
>
> "As a member of the McLean Hospital Committee, the Phillips House-Baker Committee, and the Committee on Social Service, on all of which he was a faithful attendant, Father Bob gave full measure both in time and interest. His deep and understanding concern for his fellow man commanded universal respect and the warmth and friendliness of his personality called forth affection and high regard from all with whom he came in contact. All these qualities and more he brought to our Board meetings and we are grateful for our association with him and for his devotion to the Hospital over these many years."

In addition to Monsignor Barry and Dr. Weisberger, we report with sadness the deaths during the year of Drs. Fletcher H. Colby, Dwight L. Siscoe, Ronald Sniffen and Grantley Taylor. All of them had been associated with us for more than 25 years.

FRANCIS H. BURR
GEORGE PUTNAM
For the Trustees

Report of the General Director

IT is an honor to submit the Annual Report of the Hospital for the year 1966, my fifth as General Director.

On July 1, 1966, Public Law 89-97, Amendments to the Social Security Act of 1935, popularly known as Medicare, came into being. The Law represents both the public's dissatisfaction with previous methods of financing health services as well as the extreme importance Americans attach to health and medical care. The program is financed through the prepayment mechanism of an increased Social Security tax shared by employee and employer for Title 18, as well as general Federal and State tax revenues for Title 19 of the Law. Title 18, Part A provides for the financing of in-hospital, ambulatory, extended care and home health services for the nearly 20 million people of this country, age 65 and over. Part B of Title 18, a voluntary program shared equally by individual and Federal contributions, provides for the payment of doctors' fees. As of this writing, some 17.5 million elderly citizens are eligible for these benefits. Title 19 of the Law provides for hospital, extended care, ambulatory, diagnostic and physician services for those who are judged to be medically indigent according to legislation to be developed by each State. Potentially, 40 million people will be eligible for these benefits. Thus, it is probable in the near future that the medical care of as many as 60 million people or 30% of the population of the United States will be partially or wholly financed by State and Federal tax funds.

In the first six months of Medicare the national figures show some 2.5 million people over 65 have received medical care under Title 18, Part A, for which over 1 billion dollars of benefits have been paid. Some 3.5 million elderly individuals have received doctor care for which 100 million dollars have been paid by the Federal Government. Twenty-five States, including Massachusetts, have Federally approved plans for their implementation of Title 19. Again, nationally, there has been a 5% increase in hospital occupancy and a change from

25% to 35% of all hospital beds occupied by those 65 and over.

The importance of such massive social legislation and its effects on the medical profession, on those in the employ of the health professions, and on all institutions involved in medical care is not yet totally evident. Surely the historians will write that this was one of the most significant changes in medicine in this country during the 20th century. We have entered a new era of combined public and private effort designed to provide medical care of the highest quality "for all the people". Never has it been more important for the medical profession and voluntary institutions to plan and act responsibly in the public interest. Their survival depends on it. Pluralism is the essence of democracy. The strength of this country depends on private initiative and voluntary action. An ultimately monolithic, Federally supported system of medical care is undesirable, but the price of freedom from central control is local, voluntary responsibility to the public interest. Certainly for the future there must be coordination and cooperation of local public and private interests to provide health services of high quality which neither a local public nor a private system has been willing or able to do alone. The medical profession, if one group be singled out, has the power in its hands to maintain the private practice of medicine and to preserve voluntarism in hospitals—but only if it is willing to assume broad social responsibility in the race to meet public demand.

With the advent of Medicare, several crucial changes and issues will be brought into sharp relief, the most important of which are:

1) Public scrutiny of hospital costs and doctors' fees will increase. Tax money, generated from employees and employers, is being used to pay for "high quality care for all the people". Public and political interest will increase proportionally. Plan B inflation is quite possible and will hit both aged contributor and his Federal partner in the pocketbook. In the first of what will be many demands from our political representatives, President Johnson has already asked for investiga-

tion of doctors' fees and hospital costs. Secretary (HEW) Gardner has noted that physicians' fees have risen 7.8% in 1966, the greatest annual increase since 1927, while hospital room rates rose 16.5% in 1966, the greatest annual increase in 18 years.

2) Equitable rates of reimbursement (for patients covered by Title 19) will be forced on State Welfare Departments, which will have to be uniform with rates paid by the Federal Government under Title 18. In this regard, our differences and long battles with the State seem to be nearly over, with the promise that the more equitable reimbursement method adopted by the Federal Government for Medicare patients will be used to pay for the indigent sick by the State of Massachusetts as of January 1, 1967. On the subject of financing, I am happy to report that the Supreme Court of the Commonwealth sustained the legality of our current Blue Cross contract, culminating a nearly five years battle for equitable reimbursement from all third party payers.

3) Utilization of doctors and hospitals will increase, and with it, increased demands for better utilization of hospital beds. This has happened at the M.G.H. as well as locally and nationally. Doctors have never been busier, and essentially all the hospitals in the Greater Boston area have waiting lists of patients, a far cry from 10 and even 5 years ago when hospitals averaged 60 to 80% occupancy and there were always beds readily available. The Utilization Committee, required by the Medicare Law, has been established at the M.G.H. to deal with the problems of assuring our patients and the public of optimal utilization of facilities. It is described below.

4) After-caring (extended care, custodial care, nursing homes and chronic hospitals) facilities will be shown to be grossly inadequate. We have anticipated this with our new Transfer Office within the Social Service Department. Elsewhere, you will find Miss Clark's report of the activities of her Department. Over the past year we have assessed over 100 extended care facilities and established over 40 transfer agreements with the homes best able to care for our patients. We

have improved our own practices by early and better discharge planning. Still we have numerous chronically ill individuals who occupy high-cost M.G.H. beds simply because of a lack of other (lower cost) community facilities for extended and chronic care. This is not the best use of our facilities, which the community needs for their acute, curative care. Meanwhile our waiting list for admissions to the Hospital has lengthened in some cases to as long as 8 weeks, making it difficult for the patient and for the doctor and administrator to serve our community optimally.

5) Hospital facilities will be strained and the need for new capital expenditures will become acute. It is well known that practically all urban hospitals are in drastic, critical need of capital for both improvement and addition to the plant, and for establishing the increasingly expensive medical technology. Our new building is under construction and we have raised nearly $15 million toward the $22 million cost. The raising of the necessary funds has been slow and hard, and Mr. Gray and Mr. Bigelow for the Trustees, along with Mr. Crockett and myself have all been willing mendicants, recognizing that the future of this voluntary hospital hangs in the balance. Voluntarism is well worth preserving. One has only to contrast the municipal hospitals of the country with the M.G.H. to recognize the fruits of voluntarism and the hazards of complete political control.

6) Manpower shortages will be accentuated. Largely because of low salaries, few fringe benefits, and generally poor working conditions, the hospitals of this country today are largely under-staffed. This Hospital has taken the lead in improving all three areas and at the moment we are better staffed relative to our work load than we have ever been. Despite protests from some quarters, we raised nurses' salaries as well as all others in 1966—all of which resulted in a $10 rate increase in our charges to the public. Our fringe benefits are competitive with industry and we have made numerous improvements in work areas for our employees, so that they will enjoy pleasant and dignified working conditions.

7) Medical school-teaching hospital relationships will be altered and clinical teaching will change. This will be slow, but is bound to occur. Medical schools are becoming more aware of the social issues of medical care. They are beginning to move into the problems of the delivery and the public perception of medical care with curricular revisions which will include more emphasis on the social science of medicine.

8) The relation of radiologists and others to the hospital and the medical school will change and the manpower shortages here will become more acute. The transition has been relatively smooth at the M.G.H.

9) Costs will continue to increase markedly in both hospitals and in doctors' fees. Three-quarters of our costs are due to the salaries and fringe benefits paid our employees. As an employer of nearly 6,000 people, we share the Medicare tax—which of course, is reflected in our charges to patients. We have had to hire over 30 new people to carry out the work of processing Medicare forms and this new cost is passed on to our patients. Doctor fee inflation is occurring around the country as reasonable and customary fees are studied and redefined by the profession.

10) The public and our local and national political leaders will demand and ultimately force regional planning and control. The celebrated Heart Disease, Cancer and Stroke bill has resulted in new attempts to plan regionally while Public Law 89-749 (Comprehensive Health Planning and Public Health Service Act of 1966) was signed into law in November, 1966, and provides new funds for State Public Health Departments with which to plan and encourage regional planning for medical care. A new group has been formed in the Boston area to attempt regional planning on a private, voluntary basis. Several of us are active in this group.

11) Our capacity to strike new organizational arrangements within medicine and hospitals and to participate in the political arena will test us drastically and it is in these areas that I believe we have our greatest problems and greatest opportunity. Our political leaders are deeply concerned at this very moment that we in the medical world will not be able to ful-

fill the new expectations of the public as a consequence of Medicare. Will they sincerely help us give the best care to everyone or will they use us as scapegoats? Will a private-public partnership of government, doctors, and voluntary institutions prove feasible, or will the Federal Leviathan's appetite prove insatiable—in terms of financing (or should I say under-financing?), planning and controlling *all* medical care in the United States. Part of the answer can be provided by the responsible action of doctors and voluntary institutions.

Utilization Review Committee

The experience at the M.G.H. for the first six months of Medicare has been somewhat similar to the national situation. There has been a 4% increase in the number of patients admitted over 65, from a total of 28% in 1965 to 32% of all patients in 1966. Of much more importance is the development of the M.G.H. Utilization Review Committee, required by the Medicare Law.

The objective of the Utilization Review is to maintain the highest quality of patient care and to ensure the optimal utilization of the Hospital's services and facilities. It accomplishes this through review of medical records and through special study of problematic areas. The full Committee meets monthly and consists of the Chiefs of Service, the heads of the Social Service, Medical Records and Nursing Departments, the General Director and Administrative Staff, the Chiefs of the Blood Bank, Clinical Chemistry and Bacteriology Services, three members of the Medical Staff to be elected by the Staff, and three Trustees. A smaller Executive Committee meets weekly to carry out the work of the Committee. Reports are made quarterly to the General Executive Committee and thence to the Board of Trustees.

The Committee has accomplished much in its first six months of work and represents a most valuable change in the organization of the Hospital.

The plan for Utilization Review has been developed by the Committee and involves a random and thorough review (1 in 200 samples) of *all* records of patients discharged from the

Hospital. A form has been developed to facilitate review, which is carried out by members of the Committee. Where questions of utilization and quality of care are raised, records are referred to the Chief of Service who then consults with the patient's doctor and reports at the monthly meeting of the Utilization Review Committee. Fifty-two records have been reviewed. In addition to the random review of *all* patients, every patient over 65 who requires hospitalization over 21 days is reviewed for certification of the medical necessity for prolonged stay. In the first six months over 1,000 patients have been reviewed for recertification of medical necessity for prolonged (over 21 day) hospital stay.

In addition Subcommittees have been formed to study our Admission Policy as well as the problems of Laboratory Utilization chaired by Dr. Thomas Gephart and Dr. Francis Ingersoll, respectively. Ongoing studies have been initiated by Miss Eleanor Clark, Chief of Social Service, to provide for better discharge planning, and optimal use of (and transfer to) extended care facilities. Members of the Utilization Review Committee have also met with the Blue Cross on the subject of expanded benefits for pre-admission diagnostic work, and have structured letters to State and Federal officials on policy revisions relating to Medicare and Medicaid.

The Committee, through its willingness to work hard and responsibly, has become a major development of highest importance to the work of the Hospital. Problems have been shared and more members of the hospital family have become involved in improving the quality of our services and their best utilization. This is a prime example of one institution's ability to move rapidly and effectively to adapt itself to changing social needs and demands. Nothing but good can come from this now well-established change in our organization.

Medical Education and Medicare

Teaching and care of patient activities are inseparable elements, and inferior quality of one is reflected ultimately in the other. One cannot attain the highest quality of care without the best teaching and just as importantly, one cannot enjoy

excellence in teaching without demonstrating that the medical wants and needs of the patient-community are being served in optimal fashion. We firmly believe that the first function of any hospital worthy of the name and regardless of the adjective used to describe it is to care for the sick and that the attitudes, values, and allocation of resources must reflect this primary concern. Once this is established, teaching and research are added to improve the quality of existing service and to provide for the long-range interests of the community and nation. Woe be unto the hospital that says its first function is teaching and research, and, therefore, "we need some selected patients to carry out our teaching and research programs"! This, I might add, is the only kind of hospital that should fear the effects of Medicare.

Medicare has had *no* adverse impact thus far on medical education in Boston if one is referring to visible and established change in undergraduate or graduate educational programs in medical schools and teaching hospitals, or even to alterations of pre-medical requirements for admission to medical school. This is both desirable and undesirable.

If, however, one is referring to the emotional, intellectual and financial impact on medical faculties and teaching hospital administrators, there has been considerable worry, although, still no proof of damage as yet. All of us have indulged in recurrent debates, which have often centered around two questions:

1) What will happen to traditional teaching methodology when every patient understands his right to a private physician and a semi-private bed under Medicare?

2) How can fees be collected for professional services to our traditional teaching patients under Part B of Title 18?

Let me say immediately that I believe these are the wrong questions, as they concern themselves with means and not *ends.* I would rather see us concern ourselves with the following question, in place of the two above:

How can we continue to improve the quality of our care and the quality of our teaching so that the public and our community will be assured of what they want and need: warmly

personal care, continuing and comprehensive care, and technically excellent care?

These are major concerns for the future of the M.G.H. as a teaching hospital and we will bend increasing efforts to the resolution of the problems presented. At the moment, a Committee is at work developing recommendations concerning our teaching functions, particularly at the graduate (resident staff) level.

Research and the Individual

The Trustees have recognized the vital functions of teaching and research and their integral relationship with the best care of the patient. To this end, the Trustees initiated a Committee on Research in 1946 to provide for the orderly and balanced expansion of research of high quality in the Hospital. A Trustees' Scientific Advisory Committee of distinguished scientists not otherwise connected with the Hospital was formed and continues to meet annually for the purpose of reviewing and constructively criticizing the research program for the Trustees.

With the tremendous expansion of scientific research in medicine, there are constantly increasing numbers of research fellows and staff engaged necessarily in the study of human subjects. The human individual has been the subject of investigation throughout the history of man, and much of the knowledge of modern medicine has been acquired through studies of human subjects, conducted either for the benefit of the subject studied or for the benefit of others. This activity has increased and coupled with mounting professional concern for the individual rights of the patient or subject of such experiments, the Trustees thought it wise to review and reformulate the policy of the Hospital on the subject of human studies.

Heretofore, the main safeguard for the rights of the patient or the subject of human experimentation and research at the M.G.H. has been the strongly felt and nurtured principle that the subject's personal interests come first, and that all our activities are always geared to his best interests. This basic principle has been as strong a guarantee of his rights and interests as any

written set of rules could ever be. Nevertheless, nearly a year ago, the Board anticipated the growing concern that all safeguards for the subjects of human research studies be implemented in a more formal fashion.

The Board appointed a Trustees Advisory Committee on Research and the Individual, chaired by Bishop Henry Knox Sherrill who was formerly Chairman of the Board of the M.G.H. Their report entitled "Some Guiding Principles for Human Studies" has been submitted to the Trustees. Meanwhile, the Committee on Research has formed a Subcommittee on Human Studies to formally review all research grant applications where human beings are involved, using the "Guiding Principles" developed by the Trustees Committee. This Committee has met with the Trustees Advisory Committee and reviewed their methods and recent experience.

The Trustees Advisory Committee as well as the newly established Subcommittee on Human Studies of the Committee on Research represent another example of forethought and healthy organizational evolution. The establishment of these Committees and a formal procedure for protecting the rights of the individual involved in a research project anticipated the recent listing of the National Institutes of Health of such institutional policy as a condition upon the awarding of Grants for research.

Nursing and the Nursing School

During the year, Miss Sleeper retired after many years of distinguished service to the M.G.H. and to the nation. Her coming retirement allowed us to review the past and present of nursing service and nursing education and to plan definitely for the future of our School of Nursing and the Nursing Service. Miss Sleeper, Miss Lepper, Dr. Neumann and I met frequently and called upon many distinguished outside consultants to share in our deliberations. Some of them were graduates of our own School. Our final recommendations were reviewed by the Advisory Committee of the Nursing School and accepted by the Trustees, when they appointed Miss Natalie Petzold the Director of the Nursing School and Miss Edna Lepper, the Di-

rector of the Nursing Service, signifying our intention to support and strengthen the School of Nursing. This will allow the devotion of full efforts by two key people in the areas of service and education.

At stake was the national issue of whether or not all nursing education should be transferred to college and university auspices and all diploma (hospital sponsored) schools of nursing closed. Let me say at the outset that there is a critical need for well educated and well trained people in nursing, just as there is in medicine.

In 1962 there were 550,000 nurses employed in the United States. It was estimated by a special commission that there would be a need for 880,000 nurses by 1970. Because it became increasingly obvious that this goal could never be attained, the estimated need was revised downward to 680,000. The estimated graduates to reach the new goal of 680,000 by 1970 requires an increase of 58% in the graduates of diploma school programs such as the one the M.G.H. operates. It is clear that collegiate and university programs, although expected to show a much greater proportional increase in the production of nurses, can not in absolute numbers be expected to supply the major portion of the increase needed. As a matter of fact the number of graduates from diploma schools has decreased from 28,238 in 1963 to 26,795 in 1965-66 whereas there has been a much smaller increase in the graduates of baccalaureate and associate degree programs. The dilemma is evident. The diploma schools are diminishing in numbers as the National League of Nursing works toward the collegiate and university programs for all nursing education, but these programs cannot keep up with the current needs or projected needs. Sixty-one diploma schools will be closed between 1966 and 1968. The diploma schools supply roughly three-quarters of the nurses in the United States today and are expected to supply the greatest absolute numbers for the estimated needs for 1970. At the same time the National League of Nursing and indeed many nursing educators in this country are actively working to the day of closing diploma schools and replacing them by collegiate

and university programs. Phasing in and phasing out and the timing involved becomes a very crucial issue.

Suffice it to say that the M.G.H. plans to support, continue, improve and expand where possible its unique School of Nursing. The Trustees, Administration and Staff are dedicated to this.

Meanwhile, we will work towards a more rational description of the needs and roles in nursing in order to rationally define educational as contrasted with training needs. Certainly there must be expanded educational opportunities for the nursing profession, and there must also be sufficient numbers of well trained and educated nurses.

* * * * *

Dr. Alexander Leaf was appointed Chief of the Medical Services at the M.G.H. and Harvard's Jackson Professor of Clinical Medicine.

All of us who have worked with Dr. Leaf over the years know him as an accomplished scholar, an excellent clinician and teacher, and a fine administrator. His leadership of the Department of Medicine assures the M.G.H. of strength and continued excellence in the crucial days and years ahead.

A number of other important changes have occurred. Dr. Donald Pierce (Assistant Orthopedic Surgeon) was appointed Director of the Rehabilitation Unit, assuring us of continued strength in this most important function of the Hospital.

Dr. John Grover, Assistant in Surgery and Chief of the combined M.G.H.-Boston Lying-In Prenatal Clinic, opened our new prenatal clinic in January, 1966. It is apparent that the community, particularly to the North of us, needed this kind of combined program (pre- and post-natal care at M.G.H. Clinic, with delivery at B.L.I.) for their convenience and ease of accessibility to care. Problems of continuity of care are not as important as one would have anticipated.

We have increased our efforts to strengthen our relationship with the Massachusetts Eye and Ear Infirmary. A Joint Medical Policy Board has been created and meets on a monthly basis

to provide for ongoing scrutiny of and improvement in the care of patients of both institutions.

* * * * *

As stated, we increased our charges to the public by $10 per day this year. The breakdown of the increase is as follows:

$4 represent increased salaries for our nursing staff (recalling that as close as 4 years ago we were paying starting nurses $2 an hour and are at least approaching now $3 an hour at a time when unskilled laborers are making the same or more).

$3 represent increased salaries of our other employees such as licensed practical nurses, medical social workers, pharmacy, medical records and so on.

$2 represent an increased cost to us for supplies and food. I am sure that anybody who buys food these days will understand this increase in cost.

$1 represents our moving our minimum wage from $1.50 an hour to $1.62½ an hour, a most important step.

If we are to successfully recruit, train and retain people to work in hospitals, we must give adequate salaries and fringe benefits and provide dignified and pleasant working conditions. We can no longer be private heroes and public apologists when our rates go up, for they must rise when one understands that three-quarters of our cost is for the salaries and fringe benefits of people who work in the Hospital.

* * * * *

Some idea of the tremendous activity that surrounds the care of our patients can be gleaned from the following:

In 1966, there were 28,000 admissions; this represents an 11% increase since 1960. There were 364,000 patient days which represents a 24% increase in the past six years. There were 213,000 visits to the Clinics, 14,000 of which were new cases in 1966. There were 58,000 visits to the Emergency Ward, representing an increase of 52% since 1960. There were 1,180,000 laboratory procedures, representing an

increase of 83% since 1960. In the 29 years since 1937, the Massachusetts General Hospital Records Room has issued 1,408,000 medical records. Two hundred and fifteen new records are issued daily. There are 2,400 requests for medical records each day in order to provide clinical care and carry out clinical research. There are over 150 different areas in the Hospital which originate documents for inclusion in the medical record. During one seven day period, over 5,000 reports and forms, representing 68 different documents pertinent to the medical record, were processed in the Medical Records Department. This figure excludes the vast number of reports which are routed directly to the in-patient records on the nursing units.

During peak periods of activity, over 500 patients are in transit in the Hospital. Innumerable telephone calls are made between patient care areas, laboratories and various physicians' offices. Each time a patient is admitted, pertinent information is sent to 66 different areas in the Hospital. It is estimated that on an average day over 6,000 doctor's orders are written and the Nursing Service administers over 30,000 drugs and treatments. It is also estimated that at least 50,000 separate items of information are entered into patient records each day, or almost 20,000,000 items each year.

* * * * *

During the year, the 1965 Lowell Lectures, jointly sponsored by the Hospital and the Lowell Institute, were published by the Harvard University Press under the title, "The Teaching Hospital. Evolution and Contemporary Issues" . . .

A new series of eight lectures on the problems of medical education were given at the Hospital during 1966 and will be published next year by the Harvard University Press.

Conclusion

Just as man evolves by adapting to his environment so that he may survive, so do institutions. Man has evolved by the interplay of genetically determined heredity (nature) and cultural adaptations to the environment (nurture). In the case of social institutions (such as the Hospital), each generation of workers inherits a pattern of values, attitudes, and activities

known collectively as *tradition* (nature). The M.G.H. "genes" in this regard have been developing and passed on for 160 years. The institution also evolves by adapting to the social environment in which it finds itself, and thus maintains its ecological integrity (nurture). We can speak of "institutional Darwinism", a survival of the fittest institutions through inheritance of tradition and through cultural adaptation to contemporary social need. Alfred North Whitehead wrote "Endurance is the retention through time of an achievement of value. What endures is identity of pattern, self-inherited."

The M.G.H. has a magnificent tradition which has given it qualities of endurance with which to face and adapt rapidly to contemporary social wants and needs. Thus, Medicare and the rights of the subject of human experimentation to name but two, have seen the M.G.H. change and adapt its organization, its policy, its values and attitudes rapidly to relate the institution to the public interest and its social thought. Our genes are good ones and our 6,000 workers, be they nurse, maintenance man, doctor, receptionist, engineer, volunteer, or dietitian are ready, willing and able to adapt the institution to contemporary needs.

We have many problems and none of us rest comfortably with our designation as the best hospital as reported in a national poll conducted by the *Ladies Home Journal*. We have much to do and many changes and improvements to make. It is the job of all of us to watch, think, work and spread hope!

JOHN H. KNOWLES, M.D.
General Director

Report of the General Executive Committee

THE General Executive Committee is charged with maintaining a comprehensive understanding of major professional problems in the Hospital including matters of balance of functions, new departures in community relationships, matters affecting our many-faceted partnership with the Harvard Medical School, and perhaps most important, of the composition of our own staff.

The contents of the rising new Surgical and Special Services Building emphasize again the extensive intertwining of research and patient care functions, an interrelationship which has been reflected also in the G.E.C. by the presence of the Chairman of the Committee on Research as a member. Since the number of proposals for appoinments and promotions of non-clinical scientists has steadily increased, the G.E.C. has established a standing Subcommittee on Senior and Non-Clinical Appointments (chaired by Dr. Leaf) to which such recommendations may be referred for detailed analysis where this is deemed appropriate. This mechanism has proved to be very helpful to the G.E.C. in reaching fully considered recommendations for transmittal to the Trustees.

In addition to the existing standing subcommittees of the G.E.C., several important new committees have been formed. The existing subcommittees are:

Medical Executive Committee
Surgical Executive Committee
Baker Memorial-Phillips House Committee
Medical Records Committee
Clinics of M.G.H. and M.E.E.I.
Pharmacy Committee
Endoscopy Committee
Tumor Clinic Committee
Committee on Isotopes
Committee on Infection Control

Warren Triennial Prize Committee
Emergency Ward Committee
Library Committee
Committee on Senior and Non-Clinical Appointments
Committee for Liaison with Shriners' Burn Institute
Committee on Disaster Planning
Committee on Visual Aids

Then new committees have been the Utilization Review Committee, the Computer Committee and the Committee on Teaching and Education. The provisions of the Medicare legislation call for a standing committee to review the utilization of hospital facilities in regard to patients whose expenses are defrayed from public funds. A review of efficiency of utilization for randomly selected non-Medicare patients, is also stipulated for approved hospitals under the provisions of this Act. The Utilization Review Committee is comprised of a broadly representative group which includes the Chiefs of Services and three Trustees. Under the chairmanship of Dr. Knowles, it has already revealed many possible areas of progress in this complex and difficult field.

The Computer Subcommittee of the G.E.C. was formed to promote progress in the application of computer techniques in the direct patient care functions of the Hospital. Dr. Ulfelder chairs this important group which will require much wisdom as it tangles with a variety of intriguing and complicated possibilities.

The Subcommittee on Teaching and Education was formed as an *ad hoc* Committee to review the present status of our many post-graduate educational programs, particularly in the light of the recently published "Millis Commission" report on post-graduate medical education sponsored by the American Medical Association. This committee, under Dr. Federman's chairmanship, has just begun its deliberations.

The Subcommittee on Oncology Planning reported that the needs of the Hospital for modernization and expansion of radiation therapy facilities are urgent. A plan was proposed for stepwise progress in this direction and for ultimate relocation and improvement of the Tumor Clinic. Collaboration with the

Eye and Ear Infirmary in this common enterprise will be greatly welcomed.

Amongst the most thoroughly discussed subjects during the year was that of planning policy in regard to the impact of Medicare on our teaching services. The questions raised were many. Clearly the consequences of the Government's policy to eliminate medical indigence will be of central importance to medical teaching. The intent of the law to provide reasonable fees for the "personal and identifiable" medical services of the attending staff physician provoked considerable discussion. That increased effort on the part of the Visiting Staff in teaching, and supervision of teaching activities, will be desirable on many services was thought likely. Appropriate remuneration for certain of these activities may be deemed appropriate by some Service Chiefs. If so, the funds for this kind of need may be generated in part through Part A of the Medicare law via the reimbursement formula for teaching and supervision, or the daily bed charge to patients or by doctors actually submitting bills to Medicare patients under the provisions of Part B of the law. If the staff physician has performed or supervised the patient's care to a sufficient degree, such fees would be properly collectable. It was hoped by the G.E.C. that any fees collected in this fashion would be voluntarily pre-assigned to the Hospital by the physician concerned. Expenditure of money so collected would then be subject to the direction of the Trustees, as are all Hospital funds. A meeting of the entire Staff was held on September 26, 1966, to discuss these matters.

In times past the responsibility of the Chairmanship of the G.E.C. has tended to remain with a single individual for extended periods of time. After considerable discussion it was voted that the Chairman would be elected each year to serve from July 1st and that a Chairman may not succeed himself more than once consecutively.

The more routine business of the Committee continued unabated and extended from Salmonella to smoking. The danger of Salmonella infection developing in debilitated patients as a consequence of eating lightly boiled eggs, which occasionally carry these organisms, was deemed to be sufficiently high to

make it necessary to rule that patients can only be served such eggs on special order of their physicians. The majority of the Committee felt that smoking has been shown to be sufficiently hazardous to health so that it was recommended to the Trustees that tobacco not be sold in the Hospital.

The program of periodic Richardson Memorial Lectures in subjects related to surgery has continued successfully. With G.E.C. concurrence the following lecturer was heard: Dr. David C. Sabiston, Jr.

The sudden death of Dr. David Weisberger, Chief of the Dental Medicine Service, deeply saddened his colleagues. Dr. Walter Guralnick was recommended as Acting Chief of Service. Another important appointment was that of Dr. Donald Pierce to head the Rehabilitation Unit.

In all it was a busy, interesting, and important year of progress.

PAUL S. RUSSELL, M.D., *Chairman*
BENJAMIN CASTLEMAN, M.D.
DANIEL ELLIS, M.D.
F. THOMAS GEPHART, M.D.
JEROME GROSS, M.D.
JOHN H. KNOWLES, M.D.
FRANCIS DEMARNEFFE, M.D.
JOHN C. NEMIAH, M.D.
ELLSWORTH T. NEUMANN, M.D.
LAURENCE L. ROBBINS, M.D.
EDNA S. LEPPER, R.N.
ALFRED H. STANTON, M.D.

Report of the Medical Service

THE advent of a new Chief of Medicine after several years of interim and temporary leadership has been followed, as expected, by some changes in personnel and policy. It is hoped that the excellence in research, teaching and patient care cultivated by preceding Chiefs will continue to be nurtured and new areas of strength will prosper as well.

I. Patient Care

Despite some dire predictions of what might occur with the advent of Medicare on July 1, the appointed day passed with scarcely an additional ripple. As the weeks and months passed, there was no discernible change in the activity of the wards, aside from the inevitable forms to be completed. By the year's end both the ward and private services were extremely busy, the latter with long waiting lists. Yet this has happened before, and Medicare's role in the burgeoning census is far from clear.

During the early part of the year, at the instigation of Dr. Hugh Kopald, and his successor as Chief Resident, Dr. Samuel O. Thier, the feasibility of establishing a cardiac monitoring unit on Ward B 3 was explored, especially after viewing and studying the effectiveness of such a unit at one of our nearby community hospitals. After consultation with members of the Cardiac Unit and the Nursing Service concerning suitable equipment and staffing, a four bed unit began functioning in March. As with many new ventures, a variety of problems arose at the start, largely concerning the role and the extent of responsibility to be assumed by the nurses. These early difficulties were soon surmounted, so that the small unit began to function smoothly. How much of a contribution this has made toward reducing the mortality from myocardial infarctions has not yet been assessed, but a preliminary evaluation after the unit had been in operation for three months encouraged us to believe that it was a valuable addition to the early care of such patients. Further studies are in progress.

A quiet revolution has been occurring during the past few years in the Baker and Phillips House, resulting in both better patient care and House Staff teaching. The steps leading to this have been briefly recorded in former reports and they are continuing apace. As a result it is fair to say that never before has the relationship between the House and Visiting Staffs been as close or as cordial, and this has been obviously reflected in much improved patient care and teaching. It has been interesting to note with what care sicker patients are followed by the House Staff, and the valuable suggestions made by them to the private physician. Notable too is the fact that when a house officer finishes his tour of duty on the private service, his patients are turned over to his successor, note of this being made in the patient's record. Finally, the Baker Visit, although he functions quite differently from the Ward Visit, makes his own unique contribution to the morale and education of the students and house officers. The former—almost universal—complaints by the House Staff about the private service are no longer heard.

Only in the care of the seriously ill private patients have there been problems, now happily in the process of being resolved. Since it is impossible to care adequately for such patients when scattered over the many floors of the Baker and Phillips House, it was requested that such patients be sequestered in some central, readily accessible location, preferably Baker 6. With beds at a premium, and the Hospital virtually constantly full, this could be accomplished only by moving patients at all hours of the day or night, in order to find room for a seriously ill arrival. Consequently friction between the House Staff and Admitting Office—each with its own problems and discomfort for repeatedly moved patients—was bound to occur, and did. Fortunately this problem has now been surmounted and a part of Baker 6 has now been designated as the intensive care unit for the Baker. It is not an ideal solution, since the Baker does not lend itself readily to intensive care, in the present era; but under the present circumstances it is the only solution that is practicable. Minor structural changes in this wing will make it even better.

A. *Staff*

On January 1, 1966 Dr. Alexander Leaf was appointed Chief of the Medical Services by the Trustees concurrent with his appointment by the President and Overseers of Harvard University as Jackson Professor of Clinical Medicine.

The following men left the MGH for appointments elsewhere:

1. John B. Stanbury resigned as Chief of the Thyroid Unit, to become Professor of Experimental Medicine and Program Director of the Clinical Research Center at MIT. He was promoted to the Board of Consultation at the MGH.
2. Richard A. Field resigned as Chief of the Diabetes Unit to become Associate Professor of Medicine at Jefferson College of Medicine. He was appointed Clinical Associate in Medicine at the MGH.
3. Lot B. Page resigned as Chief of the Hypertension Unit to become Chief of Medicine at the Newton-Wellesley Hospital. His MGH appointment as Assistant Physician continues, to enable him to visit on the medical wards.
4. K. Frank Austen resigned as Chief of the Pulmonary Disease Unit to become Associate Professor of Medicine and Physician-in-Chief at the Robert Breck Brigham Hospital. He was promoted to the Board of Consultation at the MGH.
5. Mitchell T. Rabkin left in July to become General Director of the Beth Israel Hospital. His MGH appointment as Assistant in Medicine continues to enable him to visit on the medical wards.
6. Leslie J. DeGroot left the Thyroid Unit in July to continue his researches under Dr. Stanbury at MIT as Associate Professor of Experimental Medicine. His MGH appointment as Assistant Physician continues, to enable him to visit on the medical wards.
7. Andrew G. Frantz resigned from his duties in the Endocrine Unit in July to accept a position as Assistant Professor of Medicine at the Presbyterian Hospital in New York.

B. *House Staff*

Dr. Samuel O. Thier served as Chief Resident in 1966. Coming to us from the University of Syracuse Medical School, he served most impressively as intern and assistant resident. The next two years were spent at the National Institutes of Health, returning in 1963 for his senior residency. Energetic, stimulating, and often provocative, he maintained the tradition of so many of his distinguished predecessors in that position, combining great clinical skill wtih an encyclopedic knowledge of medicine.

The present House Staff, consisting of 17 interns, 16 assistant residents, 8 senior residents, and a Chief Resident appears to be adequate for the moment. Actually, the quota of interns has been reduced to 16, thereby permitting improved scheduling for both interns and assistant residents. Another change which has been planned during the year of this report, which will be executed in the coming year, is a change in the specialty rotations for interns and assistant residents which will permit considerable choice by the assistant residents in their exposure to medical subspecialties.

C. *Specialty Units*

With the changes already noted in the section under Staff, a list of Specialty Units, with their unit Chiefs follows:

Allergy	Francis C. Lowell
Arthritis	Stephen M. Krane
Cardiology	Edgar Haber
Cardiorenal	Alexander Leaf
Diabetes	Donald B. Martin
Endocrine	Daniel D. Federman (Acting)
Gastroenterology	Kurt J. Isselbacher
Hematology	William S. Beck
Hypertension	Jan Koch-Weser
Infectious Disease	Morton N. Swartz
Oncology	Alan C. Aisenberg
Pulmonary	Homayoun Kazemi
Thyroid	Farahe Maloof

The Medical Service also has under its jurisdiction six additional groups or Units, primarily investigative in nature, with no responsibility for patient care, although some of them contribute to clinical teaching. They are listed below:

Carbohydrate Research	Roger W. Jeanloz, Ph.D.
Developmental Biology	Jerome Gross, M.D.
Lab. of Computer Sciences	G. Octo Barnett, M.D.
Physics Research	Gordon L. Brownell, Ph.D.
Physical Chemistry	D. Michael Young, M.D.
Community Health Unit	Victor W. Sidel, M.D.

II. Teaching

The ferment at the Harvard Medical School concerning proposals by the Curriculum Committee has been reflected in our own concern about the effectiveness of teaching at various levels. This has been especially so of the second year course in Physical Diagnosis (Case Taking) and of the clinical clerkship during the third and fourth years. The course called Introduction to the Clinic, starting three years ago, and very ably organized and supervised for Medicine here by Dr. Gerald S. Foster, has not changed materially in scope but alterations have been made in the content each year in an attempt to make this 12-week exercise more effective for the students. The course in Physical Diagnosis, under Dr. William H. Baker, is designed primarily to teach students how to take a complete history and do a thorough physical examination. Since a certain amount of dissatisfaction had been voiced about the adequacy of these skills by the time the clerkship was begun, Dr. Earle M. Chapman who is in over-all charge of the group, has made a variety of changes, the eventual value of which it is still too early to assess. Instructors in this course, long the exclusive domain of the Department of Medicine, have recently included some surgeons, in an attempt to enlist the best men possible, regardless of background. Ability and willingness to teach are the chief considerations.

This same emphasis on good teaching impels us to scrutinize each year with great care our list of ward visits. Those who fail to do a superior job of teaching are gradually being re-

moved and replaced by those who do. For this we must rely on the opinions of the House Staff and students, neither of whom are reluctant to express themselves. Since the quality of ward teaching is eventually reflected in every activity of the Medical Services, it will continue to be under constant review. The fact that we continue to attract the very highest caliber of intern applicants in rather large numbers, and that our clinical clerks are high in their praise of the course, continues to be a source of satisfaction. Gratifying too, is the number of students who come to us from other medical schools, both here and abroad, spending from one to three months.

Our graduate course in internal medicine continues to be well attended, and most successful in the opinion of those who attend. Under the extremely competent supervision of Dr. Daniel D. Federman, the number of applicants for the four week course in June has steadily mounted, and has had to be limited to 75 because of space limitations within the Hospital. Since the number of applicants is many more than this, discussion regarding the advisability of moving it outside the Hospital was held and turned down.

A notable increase in our teaching load, borne primarily by members of the Cardiac Unit, has been a repetitive course for the nurses in cardiac resuscitation and the problems of a cardiac monitoring unit. As such units expand into the private service, as they soon must, the need for this type of teaching will become more acute and plans are already underway to implement it.

III. Research

So varied and extensive have become the research activities of the Medical Services, that it is no longer possible to include even a brief description of all in a report of this type. This immediately becomes clear when the investigations of a single group—the Cardiac Unit—are briefly outlined as follows:

1. All patients seen by members of the Cardiac Unit have pertinent clinical data entered into the computer with the assistance of Dr. Octo Barnett's Laboratory. In this manner rapid retrieval is possible for planning prospec-

tive and retrospective studies.

2. A long term followup of the effects of thyroid ablation by radioiodine on angina pectoris.
3. Study of the department experience with implantable pacemakers.
4. The cardioversion of atrial fibrillation.
5. The use of steroids in complete heart block accompanying myocardial infarction.
6. The use of a transvernous electrode in heart block.
7. Effect of endocardial pacing on fluid and electrolyte balance in patients with heart block.
8. Pre- and postoperative evaluation of myocardial metabolism in patients undergoing prosthetic valve replacements.
9. Pre- and postoperative study of ventricular aneurysms.
10. At least a dozen projects are under investigation by the Cardiac Catheter Laboratory.
11. The Cardiac Biochemistry Research Laboratory under the direction of Dr. Edgar Haber has been involved in a number of fundamental problems, some of which are finding clinical application, while others may prove to do so in the future.

While this is one of the most active investigative Units, the annual reports from the others comprise a sizable volume. This information is available in the Report of Research Activities compiled by the Hospital's Committee on Research. The Medical Services contribute a major share of the research in the Hospital. The balance of clinical and basic studies is gratifying as is the quality of the work. Its effect on the Hospital and on American Medicine is incalculable. Both patient care and teaching are immeasurably enhanced by the excellence of the research programs and the quality of physicians which they attract.

IV. Problems and Future Hopes

A. *Our Teaching Service*

Happily there have been no dire consequences of the new social legislation on bed occupancy on the Bulfinch services.

However, it may be anticipated that third party coverage providing for semiprivate accommodations will limit the number of patients for our teaching services. For this reason, equally important, and to improve the care of the patients, we are increasing our use of the Baker Memorial as a teaching service for House Staff and, as yet to a lesser extent, for medical students. As mentioned earlier, House Staff are being given increasing responsibilities in the care of patients in the Baker, and the ratio of patients to House Staff in the Baker approximates that in the Bulfinch. Furthermore, the Baker Visit system has added to the teaching value of the Baker rotations. Since it is the private physician rather than the Baker Visit who makes the decisions regarding the day-to-day care of the patients, the Baker Visit rounds lack the responsible immediateness to the patient's management that characterizes the Bulfinch Visit rounds.

Hopefully the Medical Services will be able to move into new accommodations upon completion of the new building. With physical accommodations that would satisfy the standard of semi-private care it should be possible to maintain with private patients the responsible care by House Staff and Visit which has for decades been the backbone of the teaching service. This kind of direct responsibility for patient care by our excellent House Staff has been a main feature in making our internship and residency among the most sought after in the country. It has also provided the highest quality of medical care to our patients.

B. *Our Ambulatory Services*

With the increasing expense of hospitalization and the limited facilites in the community it is evident that less costly means will have to be explored to keep the national health bill within reason. Improved use of ambulatory facilities is one move in this direction. Federal legislation has recognized this need by providing coverage for studies and treatment performed in the ambulatory clinics. We are currently decentralizing the Medical Clinics so that better service can be provided through four "stations" rather than through a single

administrative unit. Each station will have its own secretary, nurses and six examining rooms. We hope to make ambulatory care in our clinic as efficient as that provided anywhere. The major problems to be overcome are availability and completeness of patients' records, scheduling of doctors and patients, and shortening the delays in obtaining x-ray examinations. All these areas are under scrutiny with plans to correct present deficits.

C. *Postgraduate Education*

The Medical Service through its internship and residency program has provided high quality training in internal medicine following graduation from medical school. Our clinical and research fellowships provide intensive further training in each of the specialty areas. The number of those in training status currently is 101. These physicians come from all parts of the country and embellish us with the enthusiasm and hard work they provide and take with them a feel for excellence and high quality of medical care and research. Aside from a one month intensive postgraduate course in June, however, we contribute little formally to the continuing training of physicians in practice. There is a continuous flow of requests for our residents and teaching staff to provide education in community hospitals about New England. We could easily dissipate our whole staff in response to these requests. To cope with this situation and to plan realistically for active participation in such exercises, Dr. Daniel Federman has been appointed Chief of the Unit for Continuing Education in the Medical Services. Hopefully plans can be developed to stimulate teaching exercises locally at community hospitals which we may bolster through participation by our staff.

D. *Community Health*

A combination of several factors has created a desire on the part of the public for better medical care available to all and a sense of impatience with the present medical establishment. This has manifested itself in the Medicare-Medicaid legislation. One consequence of these social changes is expectation

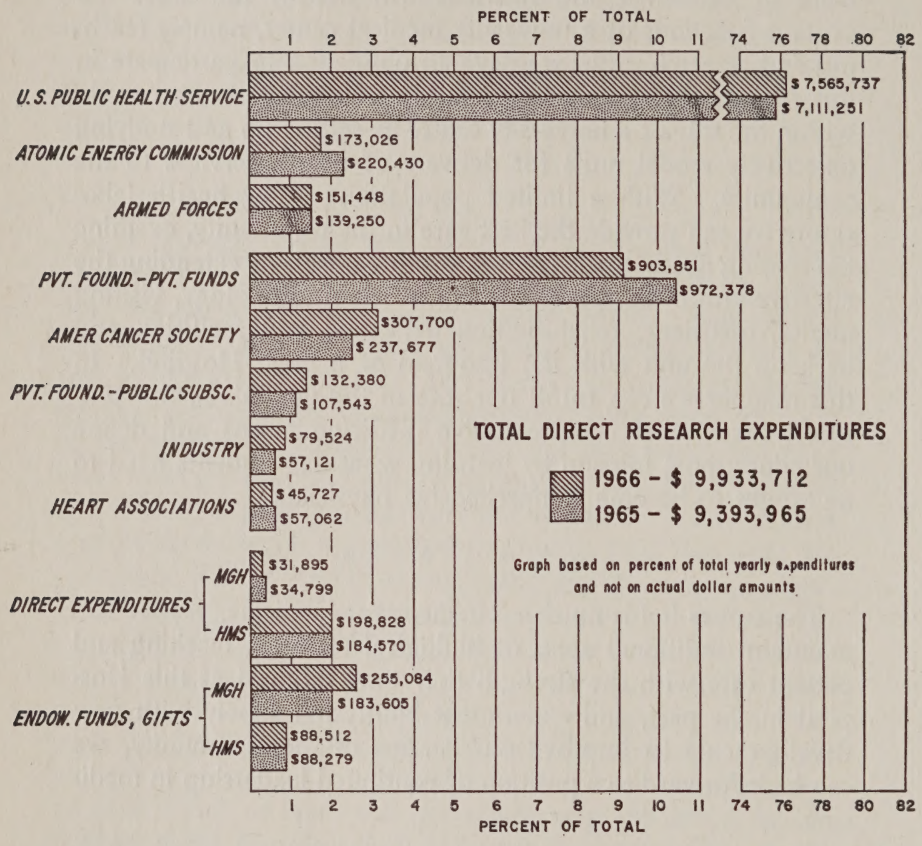
of the Government to involve university medical centers, where medical care is at its best, with an increased share of the delivery of health services to the community. A large commitment of personnel and facilities will destroy the other important functions of a university medical center, namely teaching and research. But we have an obligation to participate in this national need for better health services. This we can do within the role of a university center by setting up and studying objectively model units for delivery of health services to the community. With a limited population as our health laboratory we can provide the best care in the community, examine the staffing needs of such a unit, explore means of extending the effective arm of the physician with modern technology, visiting nurses, dietitians, rehabilitation personnel and facilities, and back up the unit with the resources of a great Hospital. In this manner we can fulfill our role in the nation's health program, learn what comprehensive medicine means and define our educational mission by learning what our students need to be taught to become comprehensive physicians.

* * * * * *

The future holds much excitement for medicine. If we can maintain traditional areas of biological research, teaching and patient care with the strength they have enjoyed at this Hospital in the past, and experiment boldly but wisely with new developments to improve our service to the community, we can look forward to a position of continued leadership in medicine.

ALEXANDER LEAF, M.D.
Acting Chief of the
Medical Services

Direct Research Expenditures
For 1966



Report of the Committee on Research

DURING the past year we have seen continued strengthening and increasingly smooth operation of the working arms of the Committee on Research, its subcommittees, which involves the participation of about 60 members of the hospital staff recruited from practically all the services. The subcommittee structure has proved a most valuable instrument for providing the Committee on Research with packages of well digested information and carefully thought out recommendations with regard to administrative and policy matters affecting the research community in a number of important areas. These include grant application evaluation, human studies, bioengineering development, computer services, animal farm policy and facilities, and safety measures in the research area. In addition, the involvement of a steadily increasing number of both junior and senior investigators in the affairs of the Hospital provides them with a sense of belonging and usefulness to the institution, the general lack of which is so often expressed.

In at least four areas this year there has been much prolonged and provocative discussion followed by important recommendations to the Committee on Research. The Subcommittee on Review of Grant Applications (Dr. William Beck, Chairman, Drs. W. Gerald Austen, Nancy Bucher, Richard Cohen, Pierre Dreyfus, Frank Ervin, Hermes Grillo, Jerome Gross, Edgar Haber, Sidney Leskowitz, John Littlefield, Charles McKhann, Ralph Meader, Jesse Scott, Alfred Stanton, Morton Swartz, Henry Winn, D. Michael Young, and Mr. David Crockett) in addition to its review functions discussed a number of broader issues connected with research support. For example, it has had to examine closely the manner in which large contract proposals are to be evaluated. Their number has been increasing steadily and posing problems because of the frequent pressure for rapid appraisal and because of the difficulty of evaluating hastily drawn up and ofttimes broadly sketched proposals to a contracting agency which, in many cases, tacitly agreed to accept the proposal beforehand, because it was solicited. The Subcommittee has felt the need to discuss also the relative merits of contracts and large "umbrella" research grants with regard to their

impact on the research community and the Hospital welfare in general. Will this type of broad program planning and financing result in attenuation of individual project support and current peer evaluation procedures? Will it permit the accumulation of "dead wood?" Or, on the other hand, will it also grant important new flexibility to Service and Department Chiefs?

In the calendar year 1966, 214 research grant applications, new, supplemental and competing renewals have been reviewed, 80 going to the National Institutes of Health, 52 General Research Support Grant requests, 12 to other Federal agencies, 70 to private foundations. There have also been reviewed 4 contracts with 3 Federal agencies and 1 commercial laboratory, amounting to about $260,000 as compared to competing requests for $3,511,055 for research grants of the usual type. Increased contract spending is anticipated; whether in addition to or instead of individual project grants is questioned.

The Subcommittee on Computer Service to Research, chaired by Dr. Lewis Engel and including Doctors Aronow, Barnett, Bonar, Ervin, Gross, Haber, Meader, Stanton, Ulfelder (liaison) and Young, wrestled again with the problem of evaluating our present and future needs attempting to determine how much "hardware" and "software" should be based at the Hospital and how much should be interdigitated with outside facilities. To assist in this evaluation, the Harvard Computing Center has provided the MGH with a team of highly qualified staff members to "live in" temporarily at the MGH to examine in considerable detail the needs of present investigators and to provide us with a detailed report on the extent to which we should participate in the Harvard Computer Program. The decisions made at this time will affect in a very significant way the development and use of computers at the MGH.

In the area of Bioengineering the Subcommittee under the chairmanship of Dr. W. Gerald Austen and consisting of Doctors Aronow, Bendixen, Ervin, Gross, Haber, Haschemeyer, Pierce and Burke, has met frequently to discuss the status of the present engineering and shop facilities at the MGH, to try to foresee future needs and to attempt to evaluate the degree to which we should develop our own facilities and to cooperate

with other academic institutions and relevant industries in the area. They have recommended that we improve and enlarge our instrumentation services, particularly the machine and electronics shops, and that we continue with some form of professional bioengineering facilities, small but highly competent, which will provide expert consultation and will assist in making the necessary contacts with specialized and sophisticated facilities for special problems outside this institution.

The Animal Farm Subcommittee, also under the chairmanship of Dr. W. Gerald Austen and including as members, Doctors Clay, Gaulitz, McKhann, Swartz and Taft, has been planning for enlarged animal housing and laboratory facilities in the old Research Building and has explored the use of the Harvard Animal Farm Unit in Southboro, Massachusetts.

The Research Safety Committee, chaired by Dr. Marvin L. Tanzer and including as members Drs. Blank, Mechanic, Sabesin and Villee and Messrs. Degen and Nessolini, has representatives from the administration and all the major research areas of the Hospital. It has recommended important rules with regard to the use of corridors, fireproofing of special instruments and handling and storage of inflammable materials. With the explosive growth of both personnel, equipment and supplies within a nearly inelastic space the function of this committee has become increasingly important.

The Subcommittee on Human Studies, chaired by Dr. Henry K. Beecher and composed of Doctors Federman, Frankel, Grillo, Koch-Weser, Meader, Point and Sanders, has done a superb job in setting the standards for clinical investigations, in reviewing research project proposals and in advising applicants with regard to the ethics, feasibility, and advisability of research involving human subjects. This question has become one of national importance and involves many delicate legal and moral questions. Dr. Beecher's Subcommittee may well indeed be pioneering new ground, the importance of which will extend beyond this Hospital.

Aside from handling the increasing volume of research administrative "business", the Committee on Research has discussed many problems of Hospital and public policy with regard to science. During the year we have had the benefit of

a visit from Dr. John Sherman, Associate Director for Extramural Programs, National Institutes of Health, who discussed the present attitudes in Washington toward research in biomedical fields. The Committee on Research as well as the Subcommittee on Bioengineering also had the opportunity of engaging in provocative discussion with three members of the Aerospace Corporation serving as consultants for the National Institutes of Health. These discussions dealt with relative merits of individual research projects as compared with broader team-oriented and targeted research problems. The vexing questions of effort reporting, cost-sharing and overhead have continued to concern the Research Committee. Largely through the efforts of Dr. Ralph G. Meader, Deputy Director (Research Administration) and Executive Secretary of this Committee, we have obtained for the MGH a more workable agreement with regard to cost-sharing. Dr. Meader has also successfully negotiated an effective manner of complying with the new regulations of the NIH with regard to human studies. In addition, the Committee on Research has heard a number of scientific reports from staff members and a presentation by Professor Klaus Biemann from the Department of Chemistry, Massachusetts Institute of Technology, concerning the present state of chemical analysis by mass spectrometry and its future development.

The Hospital has been particularly fortunate during the past year in attracting to its staff in the capacity of Visiting Biochemist, Dr. Carl F. Cori, Distinguished Service Professor of Biological Chemistry and recently retired as Chairman of the Department of Biochemistry, Washington University in St. Louis. Dr. Cori's presence has already been felt in many salutary ways in the research community and we all wish him the greatest success in his research and other activities.

At the end of a 3-year term as Chairman, I wish to thank all the members of the Committee on Research, its Subcommittees and the Research Office staff whose efforts and dedication have made this job both an education and a pleasure for me. To the new Chairman, Dr. Kurt Isselbacher, I wish much success and great satisfaction.

JEROME GROSS, M.D.
Chairman
Committee on Research

VINCENT MEMORIAL HOSPITAL

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Vincent Memorial Hospital
Report of the Chief of Staff

OUR figures for the most recent fiscal year indicate no change in the volume of patient care services in both the inpatient and ambulatory areas. Specifically there were 802 gynecologic ward admissions and 873 semi-private and private admissions. The Clinics registered 4,400 visits, although they are still plagued with the problem of half as many more appointments missed or cancelled. The number of admissions to semi-private accommodations exceeded the total of any previous year by a significant margin and this unquestionably reflects the trend which has been noted in hospitals everywhere. This increased pressure for beds reveals itself in waiting lists for admission and in a heightened demand for services. As a result both admissions policy and staff composition are under review at the Massachusetts General Hospital. At the present time our own segment of this institution appears to be in good balance between private and ward accommodations. There is variety, and the magnitude of the diagnostic and therapeutic demands upon our facilities and staff is appropriate. There is, however, a widening gap between supply and demand for physicians' services in the sphere of ambulatory care. Much of this is social or preventative medicine and the portents for the future are coming through more clearly all the time.

The Staff of the Hospital has not changed this past year. Both clinical and research papers were published and numerous scientific meetings attended. The teaching of medical students and resident staff has been given major attention as in the past. It is always immediately and gratifyingly rewarding. The postgraduate course in September was enrolled to capacity. Students came from many states and countries and their comments applauded both the scientific and the social quality of our arrangements for them. The Boards of the Hospital and of the Club extended a courteous hand of welcome to the group; both the cocktail party and the morning coffee were extremely successful.

A full year of active research was logged by all four of the individuals who use our laboratories. More than $150,000 was needed to underwrite these projects; almost 75% was provided by the Public Health Service. Although the New England Primate Center facilities were not fully activated and available until the fall of 1966, Dr. Janet McArthur was able to initiate her studies into the pattern of gonadotropin excretion earlier by collaboration with the University of Pittsburgh and with the Yerkes Center. These experiments can be continued or transferred to our own Regional Center. In the clinical aspects of her special interest there were completed a series of metabolic studies (in collaboration with Dr. Maurice M. Pechet) which indicate true differences between the response of normal ovaries and the enlarged, smooth, pale ovaries of an identifiable group of patients with infertility and absent or abnormal menstruation. These studies were rounded out by the investigation of two individuals, one without ovaries and one without adrenal glands. Dr. McArthur's special project involving the use of gonadotropin preparations to stimulate ovarian function has begun, with the accompaniment of repeated careful measurements to permit planned variations in dosage schedules and timing. The studies are in conjunction with Dr. Arthur L. Herbst, whose own research in ovarian cholesterol metabolism is now entering an expanded new phase.

Dr. George S. Richardson is concluding a decade of study which required precise and tedious isolation and measurement of steroid compounds after ovarian tissue had been allowed to act upon a known precursor. Major improvements in the methods of this difficult field of organic chemistry will be introduced by him after he and his staff have spent a few months in study with the department of Biological Chemistry at the Harvard Medical School.

Dr. Leona Zacharias has completed the analysis of facts culled from questionnaires of 6,300 Nursing School students and will soon report the conclusions. A current study now includes 800 girls in the Newton public schools who will be followed through puberty and the time of appearance of various phenomena accurately recorded. Dr. Richard J. Wurtman, her

associate in this research, will soon return to Boston as Associate Professor of Endocrinology and Metabolism at the Massachusetts Institute of Technology.

HOWARD ULFELDER, M.D.
Chief of Staff

Vincent Memorial Hospital
Report of the Board of Managers

THIS first report of a new incumbent might be a long recitation in an effort to cover too much. I have kept this in mind, but found it almost impossible to condense even the most cursory facts in what has been for me a colorful and inspiring year.

We opened with the annual coffee party for the doctors in the Harvard Medical School's postgraduae course in Gynecology. This is a unique opportunity for immediaely appreciating in what high regard our doctors and our facilities in the Vincent Memorial Hospital and the Harvard Medical School are held.

Reports from the summer visitors, the nursing and medical staffs showed us that the Hospital was full and booming. Improvements in nursing techniques, educational programs and physical facilities were not allowed to interfere with compassionate patient care, administered from the top down by our conscientious nursing staff.

Under the direction of Mrs. Cox, the capable and generous Chairman of the Decorating Committee, the entire renovation of the Visitor's Room on Vincent 3 was completed. New curtains also improved the nurses' stations and the ends of the corridors.

Going hand-in-hand with improved care for patients, reported to us by the Nursing Staff, and the visitors, was an awareness of the fact that the Hospital had reached a point where major needs must be met in the physical equipment. You have heard about the plans and you have seen examples of what is being done in the M.G.H. Color, imagination, ingenuity have all entered into the proposed changes. Mrs. Cox and Mrs. Morss have been chosen to continue the good work they have started.

This year seems best described as one full of enthusiasm, excellent care and treatment of patients, and a loyal, conscientious working Board.

As I came over to the Hospital today, threading my way through the maze of towering apartment houses, to the gaping chasm that was once the Brick Corridor and the Domestic Building, I could see behind the cranes and bulldozers the sturdy granite blocks that lie beneath the older parts of the Massachusetts General Hospital. Having listened to the steam pile drivers driving down ninety feet to bed rock when the Vincent Hospital was being built in 1946, I know that not only are we on a firm foundation but we are privileged to be a part of the growth and progress in our own beloved Vincent Memorial Hospital that goes on in greatness because of the compassion and devotion of the Hospital Staff and Board, The Vincent Club and the Board of Trustees of the Hospital.

HELEN C. CROCKER
(Mrs. Courtenay Crocker, Jr.)
President

Report of the Department of Pathology

A THEME that is now prevalent in medical programs and is highlighted by the Heart, Cancer and Stroke Bill is the need for the transmission of the "know-how" of the large teaching and research centers into suburban communities. For over twenty-five years this Department has been providing pathology services and educational exercises to the Emerson Hospital in Concord, Mass. A similar program has been carried out at the Brockton Hospital. Each of these hospitals now has its own full-time pathologist, but we still provide consultant service. Beginning in 1967 we shall furnish pathology service to the Soldiers Home in Chelsea. Many of our graduates are now pathologists at community hospitals in this state, but continue to have a liaison with us by performing some service work at the Massachusetts General Hospital. Serving in this capacity are: Dr. Richard Dickersin at the Brockton Hospital, Dr. Robert Harper and Dr. Lewis James at the Memorial Hospital in Worcester, Dr. Sheldon Cooperman at the Union Hospital in Lynn, Dr. George Kwass at the Hale Hospital in Haverhill and Dr. Wallace Jones at the Hunt Memorial Hospital in Danvers. These men bring their problem cases to us, and thus patient care in these communities has the added benefit of consultation with members of the Massachusetts General Hospital staff.

The first of our alumni to head one of these hospital laboratories, at The Memorial Hospital in Worcester, was Dr. Ronald C. Sniffen, who died suddenly on June 13, 1966 of calcareous aortic stenosis. Ronnie rarely missed a Friday in our Department, where he is deeply missed by all of us. Over a period of seventeen years he devoted a day each week to working with the residents or teaching surgical pathology to the Harvard Medical School third-year students. His dedication and responsibility to patient care were qualities that permeated his interpretations and discussions. His standards were high, and all of us gained much from the opportunity of working with him. Another sad loss during the year was the death of Dr. Luis de Mola, a clinical fellow in the laboratory for four years. Returning to his home in Lima, Peru, after contracting a rare

neoplasm, he continued to teach pathology for several years until his death. His forthrightness, modesty and charm will not be forgotten by his colleagues.

The personnel changes during the year were few. Dr. John B. Blennerhassett, after five years in the laboratory, joined the pathology department at McGill University, where another alumnus, Dr. William M. Thurlbeck, is now a full professor. Also at McGill and head of the pathology department at St. Mary's Hospital is Dr. David S. Kahn, who finished his training with us in 1954. To round out our Canadian alumni is Dr. Alexander Ritchie, professor and chairman of the Department at the University of Toronto. Dr. Joseph C. Aub, Director of the Huntington Memorial Laboratory until his official retirement in 1956, retired for a second time this year after spending ten years in our laboratory carrying on a series of interesting experiments in the field of cancer. Many of us were rewarded by the opportunity to know him intimately and to learn about the former giants in medicine.

On August 1, Dr. Edgar B. Taft began to work on a half-time basis as Professional Associate of the Committee on Research under the guidance of Dr. Ralph Meader. Dr. Taft's unusual talents in administration and his long experience in research should prove to be a real asset to the Research Committee.

Dr. Nils Ringertz, Professor of Pathology at the Karolinska Institute in Stockholm, was Visiting Pathologist in our laboratory for a week in March. His conferences and seminars introduced interesting perspectives to the teaching of pathology.

The research work in the Department continues to increase, both in the number of projects and in financial support. During 1966 support for 12 research projects, 2 training grants and 7 fellowships amounted to just over half a million dollars. The professional staff of the laboratory is composed of 16 full-time pathologists holding the following ranks at the Harvard Medical School: 1 professor, 4 associate professors, 4 assistant professors, 1 lecturer, 4 associates and 2 instructors. The men in training include 10 residents, 6 research trainees (USPHS Training Grant) and 10 clinical and/or research fellows. Although on occasion there are members of the Department

who devote full time to research, most of the research is carried on by pathologists who apportion some of their time to hospital routine, varying from 10 to 70 percent.

One of the new grants is from the Cancer Control Branch of the National Institutes of Health to support a Cervical Cancer Detection Project in the Cytology Unit. Over the last twenty-five years cytologic smears have proved an excellent means for the detection of cervical cancer in the early stages, when complete cure is usually possible. In the past such an examination has been done for half the women admitted to the Massachusetts General Hospital. Our immediate goal is cytologic examination of a vaginal smear from every woman over twenty-five years of age admitted to any service of the Hospital, and this grant will help in implementing this goal. To help in the training of more cytotechnologists the Boston School of Cytotechnology was set up as a cooperative effort of 6 Boston Hospitals, with headquarters at the Peter Bent Brigham Hospital. The first class of 12 students will be enrolled in June 1967, and 2 of the students will be assigned to our laboratory for training.

Although in recent years the emphasis in many university pathology departments has been on the biochemical and molecular biologic aspects of disease, it is important to bear in mind the fact that hospital pathology laboratories have, in addition, the responsibility of patient care and thus the necessity of expert knowledge of anatomic pathology. Fortunately, our Department is large enough to permit a balance of the research effort with the hospital pathology activities so that neither discipline suffers in the training of our residents—a situation that is not prevalent in many university pathology departments. Morphology is still of fundamental importance, and research with newer morphologic technics continues to effect better care of the patient. Proof of the great need for experts in the field of anatomic pathology is to be found in the increasing volume of consultations that come into our laboratory from all parts of this country and abroad, and in the large number of invitations to our staff members to speak at universities and medical meetings. For example, in the past year Dr. Scully gave slide

seminars on ovarian tumors at the California Tumor Tissue Registry in Los Angeles, the University of Alabama, the Michigan Society of Pathologists and McGill University. Dr. Clark lectured on malignant melanomas at Oregon, Washington, Florida, Rutgers, Cornell and Duke Universities and at the Medical College of Virginia. Dr. Cohen and Dr. Castleman accepted invitations to participate in symposia at the International Academy of Pathology meeting in Kyoto, Japan. For his studies in endocrine pathology Dr. Castleman was awarded an honorary doctorate by the University of Göteborg in Sweden.

In previous annual reports research carried out by our established investigators has been highlighted. This year a report on the work of some of the trainees seems merited.

Dr. Kilmer S. McCully has begun a study in which human neoplastic tissue is cultured to explore the potentialities of an organ culture system for maintaining the viability and stimulating the growth of tumor tissue. The embryo cells of chick mesonephros is used to supply nutrients that permit the tumor tissue to proliferate slowly and survive over a prolonged period in a growth pattern resembling that in the patient. In the current studies a few types of tumor have exhibited rapid growth in the culture system during the first two weeks of culture. In another experiment the embryo cells of the culture system were found to stimulate protein synthesis in the tumor cells, whereas cell-free extract of whole embryo failed to maintain viability or stimulate protein synthesis. Further studies of the nutrition, cultural characteristics and metabolic activity of the cells are currently in progress.

Dr. Ronald S. Weinstein has been working with recently developed freeze-cleave technics, which provide a unique opportunity to examine with the electron microscope replicas of large areas of cell membrane from intact, unfixed cells. Red blood cells undergoing osmotic hemolysis or complemented-mediated immune cytolysis are being examined, as well as blood from patients with paroxysmal nocturnal hemoglobinuria, a disease in which membrane "holes" have been demonstrated with negative stain technics. Effort is being made to localize plasma-membrane defects associated with hemolysis in terms

of unit membrane ultrastructure. Application of this method and supporting technics to studies of cytoplasmic organization is also being attempted. Periodically, possibly representing molecular packing of hemoglobin, has been demonstrated in the cytoplasm of some erythrocytes. This work is being extended to include similar studies of the human hemoglobinopathies, such as sickle-cell anemia, in an effort to demonstrate abnormal patterns of molecular organization in diseased red blood cells.

Dr. Gerald Nash and Dr. John B. Blennerhassett, in cooperation with Dr. Henning Pontoppidan of the Department of Anesthesiology, investigated the cause of the progressive deterioration in pulmonary function seen in some patients receiving artificial ventilation and oxygen therapy. Their studies disclosed that specific pulmonary changes were associated with the inhalation of high concentrations of oxygen for a prolonged period and were similar to the pulmonary lesions of oxygen toxicity experimentally induced in animals. These findings gave impetus to the current Respiratory Unit practice of monitoring the inspired oxygen concentration in patients requiring respiratory assistance and administering only the amount of oxygen required to effect adequate arterial oxygen tension and saturation.

Dr. James M. Gibson has returned to our laboratory after a year spent with Professor Doniach in London, studying the effects of irradiation upon the rat thyroid gland. This year, in association with Dr. Vickery, he will be working on the inhibition of hyperplasia by low doses of irradiation, as seen in ultrastructural changes in the acinar cell. In addition, he is undertaking histochemical studies of radiation damage to thyroid peroxidase, the enzyme system responsible for the oxidation of iodides, as well as possible ultrastructural effects on its locus, the endoplasmic reticulum.

Dr. Barbara Sanford, a biologist, joined the Department a few years ago. She is using transplantation of cells and tissues in the investigation of basic problems in immunogenetics. One major problem under study is modification of strain-specific tumors by passage through F1 hybrid hosts. She has demon-

strated that such an alteration can occur even when a clonal tumor line is used, supporting the suggestion that adaptation rather than selection is involved. Her observation that passage through irradiated F1 hosts is ineffective indicates that the underlying mechanism is immunologic. Another problem under study is the apparent loss of antigenicity in long-transplanted tumors. Working on the hypothesis that antigens may still be present but concealed by a protective coating at the cell surface, Dr. Sanford has found that at least one tumor, TA3, seems to increase in specificity when a sialomucin present on the cell surface is attacked enzymatically.

The statistics of the diagnostic examination are as follows:

	1965			*1966*		
	MGH	Outside	Total	MGH	Outside	Total
Autopsies performed	970	192	1,162	919	271	1,190
Autopsy percentage	65.3%			62.3%		
Surgical specimens	13,893	2,508	16,401	15,095	1,880	16,975
Microscopic preparations			89,558			92,059
Cytological specimens	8,134	7,678	15,812	12,036	5,189	17,225
Cytogenetic specimens			358	251	130	381

BENJAMIN CASTLEMAN, M.D.
Chief, Department of Pathology

Report of the Hall-Mercer Hospital

ALTHOUGH the Hall-Mercer Hospital exists as a separate unit in the Massachusetts General Hospital, in order to facilitate clinical service, research and teaching it is integrated with the staff and function of the Psychiatric Service. During the past year thirty-six patients were treated and studied in the Hall-Mercer Hospital for a total of 679 patient days, the average length of stay in the Hospital being twenty days.

Studies on Alcoholism

As a part of his major program of research in problems of alcohol, Dr. Jack H. Mendelson was able to study the behavioral characteristics of twelve patients with chronic alcoholism, who were supported by Hall-Mercer funds during a period of hospital observation. Through manipulating a special operant-conditioning apparatus, the subjects could obtain beverage alcohol as they wished. During this phase of the investigation, observations were made on the subjects' drinking patterns and their responses to rising blood alcohol levels. A number of findings resulted that are at variance with commonly accepted dicta about chronic alcohol patients in these twelve subjects: 1) alcohol consumption increased rather than diminished feelings of anxiety and depression; 2) all the subjects were gregarious and sociable and these traits became more rather than less prominent with increased drinking; 3) despite high blood levels of alcohol, the commonly accepted signs of intoxication were absent; 4) a single initial drink of alcohol did not start a bout of compulsive drinking. The concept of a specific "alcohol personality" could not be substantiated by the observations on these twelve men, who manifested considerable variation with regard to their previous histories, their psychodynamics, their response to alcohol and their drinking patterns.

Studies on Patients with Implanted Electrodes

Six patients supported by Hall-Mercer funds were studied by Dr. Frank Ervin for unusual pain syndromes or temporal

lobe epilepsy in association with episodes of assaultive behavior. In each patient multiple subcortical electrodes were stereotactically implanted for recording and stimulation prior to the therapeutic production of lesions. The investigative work has proceeded in two interesting directions: 1) The possibility has been explored of replacing the therapeutically-aimed focal *destruction* of brain tissue with focal brain *stimulation* designed to modify cerebral organization; 2) The work on patients with temporal lobe epilepsy suggests not only that destructive behavior has biological roots, but also that episodic anti-social behavior not usually identified as epileptic may be amenable to stereotactic stimulation.

Computer Studies

Dr. Michael McGuire has been engaged in a series of experiments involving the interaction between human subjects and a time-shared computer which is programmed to carry on a natural-language conversation. The research has thus far been directed to three questions: 1) A study of understanding and misunderstanding: Do certain types of formally categorized computer replies give experimental subjects the impression that they have been better or less well understood? Work recently completed indicated that subjects can be differentiated; the more complex the reply given by the computer, the better the subjects feel they are understood, regardless of whether the reply deals with the content of their previous statement; 2) A study of conversations with computers and human investigators: Will subjects who are informed that they are conversing with a computer carry on the same type of conversations and respond in the same way as when they are conversing with a human investigator? A preliminary review of the data indicates an affirmative answer; 3) *A study of the effect of certain types of conversations on projected models*: Do subjects who are asked to imagine the kind of person they will be talking with change their impression after a lengthy conversation? The early findings in this study suggest that they do not.

Studies in Teaching

The growing demand on the part of the community for

medical care is stretching the capacity of the medical profession to the utmost. Psychiatry has its own problems in this regard as community mental health centers are created throughout the country to bring more psychiatric help to more people. To meet the needs created and provided for by such programs, leaders in the field are turning to the education and training of non-psychiatrists in the skills required to provide the various forms of psychological treatment needed by patients with emotional problems. Within the framework of the Hall-Mercer Hospital two programs have been instituted to study the nature and effectiveness of such teaching.

1) *Psychiatric Ward*: Hall-Mercer funds have provided support for patients used for teaching who would not otherwise have been able to remain on the ward. Dr. Peter Sifneos, who assumed the position of Director of Psychiatric In-patient Service on October 1, 1965, has aimed his teaching investigations in two directions: (a) at Harvard Medical School students spending three weeks on the Psychiatric Service as a part of their clinical training, and (b) at Psychiatric Ward staff nurses. In each instance in studies still in progress the concern is to determine whether non-psychiatric personnel can be taught to carry out briefer forms of psychological treatment that will be of benefit to patients.

2) *Consultation Service*: Dr. Thomas Dwyer has continued to develop a program of teaching psychological medicine to medical house officers. He has himself been attending weekly Medical Social Service Rounds, has been leading weekly psychosomatic conferences during which the psychological problems of patients from the medical wards are reviewed and discussed with medical house officers, and has been supervising the medical intern during his rotation through the Psychiatric Service. In conjunction with Dr. Nemiah he has organized a regular series of psychosomatic conferences on medical patients led by senior staff Psychiatrists. Of special note is the fact that he has prepared a large training grant request which has been submitted to the National Institute of Mental Health under Section II of the General Practitioner Training Program. If funds are granted for this proposal, it will enable the Psychi-

atric Service to make a major expansion in its program of teaching for medical house officers and will provide an opportunity to make a careful and systematic study of the efficacy of such a teaching program.

On Wednesday, March 23, 1966, Drs. Ervin, Mendelson, Nemiah, Sifneos and Talland travelled to Philadelphia to present summaries of current Hall-Mercer research activities in concert with their colleagues of the Philadelphia Division of the Hall-Mercer Hospital. The latter acted as hosts for an intellectually stimulating scientific session at the Philadelphia General Hospital. On Tuesday, April 5, Dr. Knowles and Dr. Nemiah attended the annual meeting of the Trustees of the Hall-Mercer Hospital, which was held at the Philadelphia General Hospital and was followed by luncheon at the Union Club tendered by the Trustees.

JOHN C. NEMIAH, M.D.
Acting Chief Psychiatrist

Report of the John Collins Warren Laboratories of the Huntington Memorial Hospital of Harvard University

A CANCER research laboratory is like an iceberg. The preponderance of its activities are invisible at the human level, and yet are essential for future understanding of the failure of growth regulation in the tumor cell. Studies of bacteriophage genetics have in recent years provided us with new understanding of how a virus subverts the metabolism of a host cell. It is now well known that many animal tumors are caused by viruses, and it becomes increasingly likely that some human cancers are also viral in origin. It has, therefore, become of special importance to try to understand how a tumor virus in an animal is able to transform a normal cell into a tumor cell. This transformation may be studied in the chicken (with the avian myeloblastosis virus), in the mouse (with the Rauscher virus), or in virus-infected tissue grown from these animals in culture in the test tube. Thus, in terms of the iceberg analogy, such studies as those carried on by Drs. David W. Allen and Charles F. McKhann, are at the water level—part of the research visibly related to cancer research, and part below the surface, immersed in a stream of new information not yet directly related to this problem.

The work of the Chemotherapy Group, which is responsible for the Lymphoma Clinic and for tumor consultations throughout the Hospital, is clearly visible as the projecting iceberg. It serves as a body expert in the selection of newer drugs which become available in the cancer field. It also derives inspiration for advances in therapy directly from its clinical experience.

The basic science laboratory groups, which make up the subsurface component of the laboratory, are roughly divided into three groups: that studying the nature of growth regulation by

steroid hormones; the group studying the mechanism of protein synthesis and the translation of the genetic code; and the several smaller groups investigating the nature of regulation of growth in diverse living systems which are particularly amenable to studies on growth and differentiation.

Our hope continues to be that these basic science groups will contribute directly to the progress of research on the active cancer front; and that the loss of time between the development of new basic information and its application to the patient problem will be minimized in laboratories in which free flow of ideas occurs between investigators. This is our apology for life as a scientific task force and our justification for expending funds from the twenty-odd sources which provide our sustenance.

The following are detailed accounts of the work of various laboratory groups:

I *Animal Tumor Viruses*

A. *Chicken Tumor Virus* (*Dr. D. W. Allen*)

We have employed a complement fixation assay of the avian leucosis group specific antigen to study the intracellular production and assembly and extracellular release of avian myeloblastosis virus. This antigen is a common internal component of the group of viruses which causes leukemia, lymphoma, and sarcoma of chickens. In order to increase the quantitative significance of our studies on the formation of this antigen, and because of its intrinsic interests as an important component of this group of viruses, we are attempting to isolate and characterize this substance.

When avian myeloblastosis virus is solubilized by treatment with detergent and ether and electrophoresed on cellulose acetate, the group specific antigen migrates as a sharp band towards the negative electrode at pH 8.6, and may be readily eluted. The group specific antigen purified by this means shows a reproducible complement fixation titer per microgram of protein, migrates as a single protein and antigenic component when re-electrophoresed on polyacrylamide, and appears free of lipoprotein, RNA, and host-specific antigen. At present we

are attempting to measure the protein's molecular weight, N-terminal amino acid, and amino acid composition.

B. *Mouse Tumor Virus* (*Drs. C. F. McKhann and F. Harder*)

A method has been developed for the identification of tumor-specific antigens on sarcoma cells that do not ordinarily undergo a cytotoxic reaction when exposed to antibody and complement. This is an indirect labeled antibody prepared in isologous strains of mice. After washing, the cells are exposed to I^{125} goat anti-mouse immunoglobulin which adheres selectively to those cells that have been specifically coated with antibody. By means of this technique it has been found that animals bearing transplanted tumors do not have circulating antibody in detectable amounts in their serum while the tumor is in residence. After the tumors have been excised, antibody appears in approximately 2 weeks and reaches the maximum titer at 4 weeks after which it gradually disappears. If, at the point of maximum titer, the animals are injected with a large number of tumor cells, the antibody promptly disappears from the circulation. This implies that the antibody is being quantitatively absorbed onto the surface of these tumors as they grow. The role of the antibody in the success or failure of these tumors is being investigated. The immune response of animals in which the primary tumors are induced is also being investigated.

II *Hodgkin's disease and Immunological Tolerance* (*Dr. A. C. Aisenberg*)

Earlier work from this laboratory has helped delineate the immunological deficiency of Hodgkin's disease. During the past year another form of immunological unreactivity has been under investigation. It has been found possible to induce complete immunological tolerance in mice to sheep erythrocytes when the cancer chemotherapeutic compound cyclophosphamide (Cytoxan) is injected together with sheep erythrocytes (or up to 72 hours before or 48 hours after this antigen). As is true for radiation-induced immune suppression, the drug is most effective when given in the 24 hours prior to antigen. Complete Cytoxan-induced immunological suppression requires

large doses of sheep cells, presumably to enable antigen to reach sequestered receptor sites. This Cytoxan-tolerance system has been analyzed with the Jerne technique, which allows the enumeration of both 19 S (macroglobulin) and 7 S antibody-forming cells, and with isotopic methods which measure the rates of deoxyribonucleic acid and ribonucleic acid synthesis. The conclusions drawn from this work should apply to the field of organ homotransplantation and to the still unsolved problem of immunological tolerance.

Immunological suppression induced by Cytoxan has been found to consist of two components. The first is non-specific injury to the lymphoid system caused by the cytotoxic drug, and is related to the proportion of lymphoid cells killed. The second is antigen-specific immunological tolerance and appears to correlate with profound depression of deoxyribonucleic acid synthesis in the surviving cells. This tolerance is thought to be most consistent with a mechanism in which antigenic stimulation in the presence of cyclophosphamide-inhibited DNA synthesis and mitosis leads to the elimination or death of the specific immunological clone.

Tolerance induction with cyclophosphamide is associated with loss of the 19 S hemolysin plaques which are seen in non-stimulated mouse spleen, implicating these cells in immune responsiveness. The ability to induce tolerance with this drug is lost on the third post-antigen day at the end of a 24 hour period in which 19 S cells have increased 8-fold and 7 S cells 200-fold. The data suggest that loss of sensitivity is due to the emergence on day 3 of drug-resistant plaque-forming cells, particularly those of the 19 S variety. In the succeeding days after antigen injection there is a progressive increase in the resistance of plaque-forming cells to cyclophosphamide administration.

III *Steroid Hormones and their Role in Growth Regulation (Drs. L. Engel, J. C. Orr, C. H. Doering, A. M. Neville, and E. Menini)*

The major interests of the Endocrine Division have continued to be focused upon the dissection of pathways for biosynthesis of steroid hormones in normal and abnormal endocrine

tissues, the isolation and characterization of the enzymes involved in these transformations, and the effects of steroid hormones upon the activity of enzyme systems.

Our studies on the biosynthesis of steroid hormones using the classical technique of incubation of isotopically labeled precursors have been continued. A study has been carried out of the transformations of ^{14}C-progesterone and ^{3}H-pregnenolone by biopsy tissue taken from a male patient with impaired testicular function. Neither of these two precursors was transformed to the biologically potent androgens, testosterone and androstenedione. The question of transformation to dehydroisoandrosterone is still under study.

The inherent disadvantages and difficulties involved in the classical type of study described above have led us to explore the possibility of devising methods for the study of steroid hormone metabolism that do not require the use of radioactive substances. As a part of this program, we have, thanks to a generous grant from the American Cancer Society (Massachusetts Division), added to our equipment a combined gas-liquid chromatogram-mass spectrometer. With the aid of this instrument we are actively engaged in exploring new methods for metabolic studies on small samples of tissue. When tracer methods are required, heavy isotopes can be used, since it is easily possible to recognize and measure them with the mass spectrometer. The combined technique should also make possible more detailed quantitative and kinetic studies of the complex particulate multi-enzyme systems that are involved in steroid hormone biogenesis .

An important beginning in this direction has been made by Dr. Eduardo Menini who has developed a gas chromatographic method for the simultaneous recognition and quantitative esterimation of the 6-8 known components involved in the transformation of the androgenic steroids to the estrogens. He has shed new light upon the sequence of reactions in the aromatization system derived from human placenta and has been able to examine the effect of the concentrations of co-factors and substrates in a fashion not possible with the methods employed heretofore. He has demonstrated, for example, that when

testosterone is offered as substrate, it is converted first to androstenedione, which is oxidized to 19-hydroxyandrostenedione and then aromatized to estrone. The expected intermediate, 19-hydroxytestosterone, appears only late in the reaction, and estradiol, which is the eventual major product, appeared only after estrone. He has also demonstrated the great sensitivity of the aromatization system to high concentrations of the substrate, androstenedione. When a critical level of substrate is reached, marked inhibition of aromatization occurs.

In an effort to develop methods for the isolation of soluble enzymes involved in steroid hormone metabolism, Dr. Orr has prepared a series of derivatives of cellulose coupled with estrone or estradiol. The glycolytic acid ether of estrone may be coupled to cellulose to form the ester. Approximately 1 mg of the steroid derivative can be esterified per gm of cellulose. A second derivative can be formed by coupling the estrone derivative to aminoethyl cellulose to form the amide. A much higher yield of derivative is formed in this case. The amide can be reduced to give the corresponding estradiol derivative of aminoethyl cellulose.

These cellulose derivatives have been employed by Dr. A. M. Neville in chromatographic media in attempts to isolate the human placental 17β-estradiol dehydrogenase. It was hoped that in the presence of pyridine nucleotide, the ternary complex of enzyme, nucleotide and the estradiol-linked cellulose might lead to retardation of the enzyme and separation from other proteins. Although evidence was gained for the formation of the ternary complex, the retardation thus induced was sufficient to separate the enzyme-protein from other proteins in the mixture.

Dr. Neville has also been interested in the isolation of the steroid Δ^4-reductases from avian liver. By conventional salt fraction procedures, he has been able to obtain a concentrate of the enzyme which is stable in the presence of substrate, glycerol and mercaptoethanol. Separation of the Δ^4-reductase from 3α-hydroxysteroid dehydrogenase activity has been achieved.

Dr. Doering has extended his examination of the metabolism of mevalonic acid by hog adrenal tissue. An unknown radioactive fraction that accounts for a significant proportion of the radioactivity incubated was isolated. This substance was originally believed to be sterol in nature but recent experiments employing thin-layer and gas-liquid chromatography suggest that it may be a mixture of low molecular weight intermediates. Attempts are now in progress to identify this substance or substances using gas chromatographic techniques.

Dr. Karabolas has extended his experiments reported upon a year ago on the separation of two types of pyridine nucleotide-linked transhydrogenase from human placental extract. The transhydrogenase whose activity is only manifest in the presence of minute amounts of 17β-estradiol, is present is in smaller quantities than the substrate-mediated system which involves the simultaneous action of two pyridine nucleotide-linked estradiol dehydrogenase activities. The activity of the 17β-estradiol-dependent transhydrogenase is enhanced at high salt concentrations, while that of the substrate mediated transhydrogenase is markedly inhibited. Both the NAD- and the NADP-linked dehydrogenase activities are also diminshed at high salt concentrations.

An important aspect of our work has been the continuing study of the relation between steroid structure, reactivity toward enzyme systems and reactivity in model reactions of known mechanisms using simple reagents. One such study involves an examination of the rates of oxidation of steroid secondary alcohols by specific enzyme systems and by the inorganic oxidant, chromium trioxide. In an effort to introduce alterations in structure designed to explore the importance of long-range effects, in both the model reaction and the enzymatic reactions, Dr. Orr has prepared a series of derivatives of testosterone in which significant strain is introduced in rings A and B, the two rings most distant from the secondary alcohol group that is being oxidized. He has prepared 6β-methoxy-3, 5-cycloandrostan-17β-ol, and the unsaturated compound, 3,5-cycloandrost-6-en-17β-ol. These compounds will be studied both with respect to attack by hydroxysteroid dehydrogenases and by

chromium trioxide and should afford critical tests of the role of long-range effects in affecting reactivity.

We report with regret the return of Dr. Gene Lata to his permanent post as Associate Professor of Biochemistry at the University of Iowa, Iowa City, and of Dr. Eduardo Menini to his permanent post as a member of the Clinical Endocrinology Research Unit, Edinburgh. Both of these valued colleagues are missed but their contributions to the work of the laboratory remain.

IV *Protein Synthesis and the Genetic Code* (*Drs. P. C. Zamecnik, J. F. Scott, M. L. Stephenson, L. Shuster, R. D. Marshall, J. W. B. Hershey, P. Schofield, C. M. Janeway, and L. L. Weatherall*)

During the past year the complete nucleotide sequences of the primary structures of four yeast ribonucleic acid (RNA) molecules have been worked out by Holley's and Zachau's groups, and another is nearing completion in Khorana's laboratory. Thus the time has arrived when one can begin to frame in an experimental way the question as to what the relationship is between the primary structure of this transfer RNA (tRNA) molecule and its multiple biological roles as a centerpiece in the complicated structures of protein synthesis. It is highly interesting that when the primary structures of these RNA's of known nucleotide sequence are arranged in a clover leaf form, a close similarity in the nucleotide sequences in the unpaired loop regions is apparent. There is of course an extra, small loop region in the Zachau *et al* yeast seryl RNA's as compared with the Holley *et al,* yeast alanyl RNA. This suggestion of a common general pattern is all the more striking because of the diversity of minor base constituents in these purified samples, plus the difference in total nucleotides present in the chains. Evidence is therefore emerging from these sequence studies that the tRNA's do have common structural characteristics one would intuitively ascribe to them in their role as shuttle molecules transporting activated amino acids between aminoacyl ligases and the ribosomal complex. At the same time, the evidence of individuality of primary sequence

which would be necessary for "recognition" and for coding is already crystal clear.

We have recently employed optical rotatory dispersion (ORD) to study the secondary and tertiary structure of purified samples of yeast tRNA. Our aim was to inquire whether the ORD patterns of approximately 90% pure samples of lysyl-, aspartyl-, and glycyl-RNA would be distinguishable or not. We found that each of these patterns was distinctive, and had a different melt-out behavior from the others, as well as from the sample of unfractionated yeast tRNA. We also found that when glycyl-RNA was heated from 20° to 40°, the peak of the Cotton effect in the deep ultraviolet region shifted hypsochromically, from 198 mμ to 195 mμ, with little loss in amplitude, providing evidence of conformational mobility, i.e., a change to a new stable conformation of glycyl-RNA at the higher temperature.

We also wondered whether a tRNA molecule might undergo a change in secondary structure when it associated with its own aminoacyl ligase. We therefore set about to prepare purified *E. coli* lysyl-RNA ligase and purified *E. coli* lysyl-RNA, to make it possible to investigate the properties of these two macromolecules when in association with each other. Preliminary to trying this experiment (and in the absence of a sample of purified *E. coli* lysyl-RNA), we incubated the lysyl-RNA ligase with ATP and lysine in a thermostated cell in the optical polarimeter, in order to look for a possible change in conformation of the enzyme when in association with its substrate and ATP. A change in the ORD pattern did occur, but was found to be dialyzable. This effect turns out to be due to the formation during the incubation period of a new dinucleotide compound, AppppA. In the presence of other mononucleoside di- and triphosphates (in addition to ATP) in the incubation medium, a whole family of 5′, 5′-dinucleoside tri- and tetraphosphates is formed. The significance of these new, stable, energy-rich phosphate compounds is an inviting mystery.

In an effort to understand the chemical nature of the recognition reaction, by which a particular tRNA molecule associates with its own aminoacyl ligase, and esterifies a single amino

acid to the exclusion of others by a factor of at least 3,000 to 1, we have employed reagents which react with some specificity either with the tRNA or with the aminoacyl ligase. Experiments on the effect of osmium tetroxide on tRNA point to a participation of the coding triplet of the tRNA in the recognition process. Our previous experiments with bromine showed no such correlation. One is inclined to reinterpret the bromination findings to mean that amino acid esterification on tRNA requires a more perfect secondary and tertiary structure for function of the tRNA than does the coding step.

The study of chemical modification of aminoacyl ligase and its effect on formation of aminoacyl RNA has revealed fluorodinitrobenzene and Woodward's reagent K as being reagents of promise. A concentration of the former which inhibits arginyl-RNA ligase approximately 90%, does so only to the extent of 10% for lysyl-RNA ligase.

We have been troubled by the extremes to which one must go to achieve separation of pure aminoacyl RNA samples using countercurrent distribution methods in current use. A new solvent system of promise has been worked out, but this remains to be tested under the steady state distribution conditions to which we hope to subject it. In anticipation of receiving samples suitable for sequential analysis, thin layer chromatographic techniques are being perfected, which hopefully will facilitate sequencing of small samples of purified tRNA's.

Dr. Jesse Scott has continued his studies of the effect of radiation on tRNA. The interesting and subtle new feature of these investigations is the recognition of the importance of the secondary structure of tRNA to its sensitivity to inactivation by ultraviolet irradiation. The presence of Mg^{++} protects against photo-inactivation, presumably by helping to preserve the secondary structure of tRNA. It appears that opening up of the secondary structure increases the likelihood that a photon absorbed will lethally damage the tRNA for amino acid acceptor activity.

V *Growth Regulation in other Biological Systems*

A. *Regenerating Rat Liver* (*Drs. N. L. R. Bucher and F. L. Moolten*)

We are ever hopefully seeking the means by which rat liver shifts from non-growth to astonishingly active proliferation when 2/3 of the organ is resected, a new impetus having come from a recent report implicating a blood-borne inhibitor. Dr. Moolten has intensively studied this problem and shown that regeneration is sensitive to a variety of non-specific noxious influences such as circulatory overload (administration of large volumes of protein solution or plasma), or prolonged restraint of the host rat. When these and similar nonspecific factors are controlled, he finds no effect transmissable from normal or partially hepatectomized donors to partially hepatectomized recipients (as measured by incorporation of radioactive thymidine into DNA in livers of the latter), regardless of whether the animals receive single or repeated intravenous injections, exchange transfusions or even several hours of cross-circulation by pumping blood between partners via plastic cannulas. In spite of these negative findings, which suggest that some of the experiments in the literature may have been inadequately controlled, there is good physiological evidence for the existence of humoral regulators and we are currently attempting to develop some refined techniques for their detection.

A valuable assist in the above efforts would derive from availability of a better assay. To this end, and also in the hope of uncovering useful information about the operation of the regenerative machinery within the cell, we have sought to determine the behavior of RNA during the early hours of regeneration. The upshot of this work is the finding that an increased incorporation of radioactive orotic acid into RNA occurring during very early regeneration and heretofore widely interpreted as an increase in RNA synthesis, is in large part an artifact, reflecting merely the greater availability of labeled precursor to the reduced number of cells in the liver remnant in the partially hepatectomized animal. This result was obtained through detailed studies of the labeled precursor pools;

the knowledge and techniques gained will provide a useful foundation for further studies.

B. *Cellular Slime Mold* (*Drs. B. Wright and P. Baumann*)

Our analysis of the factors controlling cell wall synthesis in the cellular slime mold has been continued in two general areas. One is at the level of the actual synthesis of the two cell wall components, glycogen and cellulose. We have found that the same enzyme catalyzes the synthesis of soluble glycogen (in the 100,000 x g pellet fraction of the cell's cytoplasm) and the insoluble cell wall glycogen which is complexed to cellulose. The soluble glycogen system has therefore been studied in some detail. Four hundred and eighty-fold purified enzyme was used to obtain stoichiometry of UDP released from UDPG-^{14}C and glucose-^{14}C incorporated into glycogen. Glucose-6-phosphate (G6P), an effector of the reaction, lowers the Km of the enzyme for UDPG on order of magnitude. Utilization by this enzyme of the insoluble cell wall material as primer (as opposed to soluble glycogen) lowers the Km in the absence of G6P and obviates the effect of G6P.

Cellulose synthesis is being studied by Mr. P. Rosness, who has achieved a cellulose-dependent system utilizing UDPG-^{14}C as a precursor. Again, the source of enzyme for this reaction is the 100,000 x g pellet fraction.

Dr. Pannbacker has completed his studies of the *in vivo* rate of UDPG synthesis. The accumulation of UDPG during differentiation is known to be one of the controlling factors contributing to cell wall accumulation. Measurement of the *in vivo* rate of UDPG pool replacement (by following the incorporation of radioactive uracil from endogenous UTP into UDPG) revealed that the pool was replaced only slightly more rapidly at culmination than at an earlier stage (aggregation). This indicated that the rate of UDPG synthesis was higher at the second stage but that no major increase in the net capacity for utilization of UDPG had occurred. UDPG synthetase from the slime mold was purified 100-fold and the Km's for UTP and GIP were determined. Comparison of these values to the

in vivo levels of UTP and GIP at the two stages indicated that increased substrate availability could account for the higher rate of synthesis of UDPG at culmination.

C. *Cellular Genetics of the Mouse Fibroblast* (*Dr. J. W. Littlefield*)

Part of the past year was spent as a visiting scientist at the International Laboratory of Genetics and Biophysics in Naples, Italy. In the Oncological Virology Unit of Dr. Giamfero De-Mayorca we continued attempts to develop recombinational methods for the genetic analysis of cultured mammalian cells, through further studies on cell hybridization and a search for "transduction" with polyoma virus.

Established hamster kidney cells (BHK 21/13) were used because they are primarily diploid in contrast to the L cell substrains previously used, and because they can be transformed with polyoma virus. It was possible to select rare variant cells essentially lacking either thymidine kinase or inosinic acid pyrophosphorylase, as done with L cells. These two cell types were shown to fuse to form hybrids at a frequency of about 10^{-4}/day. More frequent fusion could not be obtained by synchronization of the cells nor by the use of cells transformed with polyoma virus, nor so far have we been able to accelerate the slow rate of loss of chromosomes from such hybrids. These two problems continue to prevent the use of cell fusion as a recombinational method.

In other experiments we wished to determine if infection of thymidine kinase deficient-cells with polyoma virus would cause a generalized transient synthesis of kinase, as occurs during the lytic cycle, or occasionally the permanent acquisition of the enzyme in a transformed cell, through introduction of a viral gene for this enzyme, initiation of enzyme synthesis by the host cell, or transduction of the gene from enzyme-containing cells. After infection there was no evidence of an initial rise in kinase activity, nor were we able to find even a rare (10^{-7}) infected or transformed cell which had acquired the enzyme. Similar experiments with inosinic acid pyrophosphorylase-deficient cells were negative also.

Early in the year work was completed in another area, the timing of the syntheses of certain proteins during the growth cycle of mouse fibroblasts (L cells). With Mr. Paul Jacobs, the synthesis of histones was found to occur mainly during the period of DNA synthesis in partially synchronized L cells. The replication of DNA in such cells was *continually* susceptible to inhibition by puromycin, perhaps because histone synthesis necessarily accompanies DNA synthesis. In other experiments the timing of the synthesis of the enzyme thymidine kinase was studied in these partially synchronized cultures. Previously we had reported the rapid inactivation of this enzyme *in vitro* and *in vivo* in the absence of substrate, which had suggested that substrate stabilization in part controls the activity of the enzyme in the cell. Kinase activity increases at a certain point in the L cell growth cycle, just before and during DNA synthesis, as first noted in HeLa cells by Stubblefield. We showed that this increase in activity is *not* due to substrate stabilization, nor to decreased feedback inhibition by thymidine triphosphate, but represents true synthesis, and requires the transcription of messenger RNA. Transcription appears not to be initiated by substrate induction nor end product de-repression, but to occur "automatically" as the cell prepares to synthesize DNA. This is the first enzyme in mammalian cells to be shown to be synthesized at a certain point in the cell growth cycle, as occurs with several enzymes in yeast. Perhaps DNA:RNA hybridization techniques can be developed (using DNA from wild-type and enzyme-deficient cells) to confirm and study the periodic synthesis of the specific messenger RNA involved.

SUMMARY

In summary, the gap is narrowing between the problems of cancer on the patient front and our understanding of the underlying principles of growth regulation which are transgressed by the tumor cell. This is particularly noticeable in our increasing appreciation of the mechanism by which an animal tumor virus takes over the operation of host cells for its own purposes. Great sophistication in modern laboratory techniques, full-time devotion to science, and long-range financial support for the

investigators are needed in order to press on with this quest.

We are continually grateful to Harvard University for its long-time financial support and fine academic environment, and to the Massachusetts General Hospital both for financial sustenance, and for excellent facilities and intellectual surroundings.

PAUL C. ZAMECNIK, M.D.
Director

Report of the Coordinating Committee

THE Reports of the M.G.H. member groups of the Coordinating Committee appear below for the Ladies' Visiting Committee of the Massachusetts General Hospital, the M.G.H. Service League, and the Distaff Club.

MRS. R. MORTON CLAFLIN, CHAIRMAN, PRESENTS THE FOLLOWING REPORT FOR THE LADIES' VISITING COMMITTEE:

The Ladies' Visiting Committee has completed its 98th year of being a part of the Massachusetts General Hospital. The Committee as a whole is sub-divided into smaller committees which carry out the work for which it is responsible.

The Ward Visiting Committee, through the thoughtful liaison work of Mrs. Taylor Black, has faithfully responded to all the referrals received from nurses, Social Service, patients and families of patients, as well as from a number of doctors. Two areas for long term patients—the orthopedic floors in the Baker and the White Buildings—are continually covered. Otherwise we try to find the patients throughout the Hospital who have few or no visitors. Often if the patients have come from great distances or are especially lonely, or if for any reason the staff in charge feel that a visitor would help the patient, we do our best to fill this need.

In the Baker Memorial, coffee is served each day to patients who are being admitted and to those who accompany them. Mrs. H. Thomas Ballantine and Mrs. Harvey Spencer have been co-chairmen of this committee and although it is often difficult to get the number of persons required, they have managed to do it and we are grateful that this has been possible.

Our General Store and The Branch in the Warren Lobby have done very well. Mrs. Gardiner H. Fiske and Mrs. Francis C. Gray and the members of their committee have devoted themselves to their tasks and we had a marked increase in our profits this year. This may not be the case in the ensuing year because in September the sale of cigarettes was banned in the Hospital thus depriving us not only of the revenue from this source, but also the added business these customers brought to

us when they came in to buy cigarettes. However, we shall hope for the best!

The Travelling Store under the guidance of Mrs. Walter Anstey and Mrs. Wheaton Kittredge has brought comfort to the patients and money into the till as well.

The 1966 financial report of The General Store, which is operated for the benefit of the Hospital, is submitted by Mrs. Francis C. Gray, as follows:

Balance on Hand — December 31, 1965		$ 29,014.91
Cash Receipts		112,498.52
Total		$141,513.43
Expenses:		
Salaries (Includes Pension, Social Security, Workman Compensation)	$ 19,509.87	
Stock Purchased	76,743.83	
Utilities Charge	138.04	
Miscellaneous (Inc. Excise Taxes)	1,147.50	
Cash Register for Sales Tax	695.00	
Total Expense		$ 98,234.24
		$ 43,279.19
Paid to Ladies' Visiting Committee		10,000.00
Balance on Hand December 31, 1966		$ 33,279.19

SUMMARY

Receipts	$112,498.52	
Expenses	98,234.24	
Cash Gain	$ 14,264.28	
Decrease in Inventory	430.00	
Operating Gain for 1966	$ 13,834.28	
Value of Inventory December 31, 1966		$ 6,561.00

Due to a larger membership the past year has been the busiest since the Children's Service Committee was started six years ago. With the exception of the summer months, we have pro-

vided the children with visitors every week of the year. I want to speak particularly of Mrs. Francis B. Haydock who, as chairman, has done so much to develop the Committee's activities. She has worked diligently to establish the Mother Bank and at last we feel this has become a viable service for children who need this special kind of help.

The work of the Chapel Committee consists on one hand of working with the Administration on the physical upkeep of the Chapel, which is always a pleasant task as the Administration shares our interest in the Chapel and are gracious in their willingness to consult with us. On the other hand, the Chapel Committee keeps in close touch with the Chaplain's Office.

Mrs. Frederick Deane has continued her devoted chairmanship of this committee and her wisdom and interest have been a source of strength to the Chaplain. During the year Chaplain Reed started holding a short weekly service on White 9 on Wednesday afternoons. A portable organ was bought to be used at these services and at other times to be kept in the Chapel for use there. Chaplain Reed has been appointed Chaplain for the Massachusetts Eye and Ear Infirmary as well as for the Massachusetts General Hospital, and to help him with his increased duties he now has the Reverend Mr. Donald Amussen as his assistant. The addition of Mr. Amussen to the Protestant Chaplaincy Service has greatly increased its ability to respond to the many calls that are made upon its ministry.

Mrs. Charles Almy with the help of Mrs. George Brown and Miss Dorothy Bartol has been in charge of the Plant and Flower Committee. Fresh green plants were kept in the White Lobby, the Baker Corridor, in Bartlett Hall and in the Trustees Room. The fine collection of artificial flowers in the Phillips House was arranged and cared for monthly. Live plants were placed about the Hospital at Christmas and Easter. Special table center pieces were provided for the Volunteer Tea and for the Trustees Luncheon in January.

From parking lot gratuities to caroling for the patients, the Christmas Committee under the Chairmanship of Mrs. William S. Stout was responsible for many cheer-giving activities in various areas of the Hospital. This Committee continued its an-

nual program of providing paints, brushes, trees and ornaments for decorating the patient floors at Christmas time. With the help of Mrs. John H. Knowles and Mrs. Lawrence H. Whittemore, Jr., these supplies were delivered in early December giving the nurses adequate time to decorate and brighten the units. The Committee provided financial help for the parties given on Bulfinch 7 and in Burnham. Mrs. Haydock and her Children's Service Committee purchased Santa Claus a new suit and provided favors for the Christmas party. Again each child was given a stocking full of small presents on Christmas morning plus a larger present all his own.

The highlight of our Christmas program is the caroling on the floors throughout the Hospital. We were fortunate to have groups from Garland Junior College, Winsor School, Milton Academy, Beaver Country Day School, and the New England Conservatory. Our appreciation is extended to Mesdames Ballantine, Crocker, Gray, Herter, Hopkins, Hunsaker, Revere, Rogers, Taylor, Vickery, Whittemore, and Wiggin, who served as guides for these groups. Mrs. Stout was particularly appreciative of the assistance of Miss Marjorie Shea, Consultant for Community Relations, who did so much to make the program successful.

Mrs. James T. Baldwin was Vice-Chairman of the Coffee Shop Committee this year and her support has meant a great deal to all those connected with this project. The hospitable enthusiasm and hard work of the volunteers in the Coffee Shop account largely for its phenomenal success. Our very special gratitude goes to Mrs. Karl Riemer for the outstanding job she has done as Chairman of Volunteers on the Coffee Shop Committee.

The Art Committee under the Chairmanship of Mrs. William G. Constable has had a very busy year. The brightening of the Hospital continues and pictures are constantly required. We cooperate with the Institute of Contemporary Art in running the Art Wagon Service which gives the patients their choice of pictures for their rooms to enjoy during their stay in the Hospital. A large supply of both framed and laminated reproduc-

tions has been made available to the Hospital for these two purposes.

The Committee is also responsible for borrowing original works from the Museum of Fine Arts and from individuals and for arranging with Administration for their safekeeping. Mrs. Nelson Aldrich has been a constant help to Mrs. Constable in all the work she has done.

We have added one new committee this year.—Hospitality for the Distaff Wives. Mrs. John Coburn was chairman at its inception and when a temporary illness forced her to give up, Mrs. Sewall H. Fessenden graciously took over. Luncheons have been given for various members of the group, and tickets for plays, concerts and benefits have been made available. This is a service which we all hope will grow because of the evident pleasure it gives the young House Officers' wives.

I wish to say a word of thanks to those who have served on the following committees: Finance, Membership, Nominating, Volunteer Advisory, and the Marion Lee Lawrence Fund.

The Ladies' Visiting Committee has been enriched by the addition of two Honorary members and three new members. The former are Mrs. William Jason Mixter and Mrs. Paul G. Courtney. The latter are Mrs. Suzanne C. Herter, Mrs. Ducey Ryerson and Mrs. John P. Weitzel. We were all saddened by the death of Mrs. Harold Veazie who had been a most devoted member of the Ladies' Visiting Committee for a number of years.

We have had a number of interesting speakers during the year including Miss Eleanor Clark, Chief of the Social Service Department; Dr. Ellsworth Neumann, Administrator, and Mr. Paul Lancaster who took us on a tour of the Ether Dome as they spoke to us; Mr. Allan Reed, the Hospital's Protestant Chaplain, Dr. Paul Russell, the Chief of the Surgical Services and Miss Ruth Sleeper, the Director of the Nursing Service and the School of Nursing.

Mrs. James C. Hopkins arranged a most interesting tour of McLean Hospital for members who were able to take advantage of this unusual opportunity.

The Ladies' Visiting Committee shares with the Hospital the

priceless privilege of being able to bring comfort to the sick, to give dignity to those in distress, and to lend warmth and human concern to those who come to the Massachusetts General Hospital for help. Surely this is as valid a role for us today as it was when this Committee was founded so many years ago.

Report on the Coffee Shop

IT has been three years now since the grand opening of the Coffee Shop, under the joint sponsorship of the Ladies' Visiting Committee and the MGH Service League. Therefore, this seems an appropriate time to take stock of the venture, for it is a responsibility that must be shared for many years to come.

The need for the Coffee Shop at the Hospital has been proved beyond any doubt. It has become busier and busier, and has just about reached the saturation point, not only because of the obviously restricted seating capacity, but also because of the limited space for cooking and the storing of supplies and food, and the absence of an adequate area for clearing dishes. The Coffee Shop has tried valiantly, with the advice and help of Mr. Joseph W. Degen, Assistant Director, and outside professional consultants to solve these space problems, but the walls simply will not budge.

These are the major frustrations, but they are outweighed quite handily by things that cannot be measured in inches or counted in numbers to make impressive statistics. For example, it is good to know that the Coffee Shop is serving the interests of the Hospital well. It is gratifying to know that our volunteers are there to seat a handicapped person, to get his food, and make him feel at ease. It is good to hear a patients' relatives express their gratitude for the convenience and the pleasant atmosphere of the Coffee Shop. It is good to feel the spirit of cooperation and friendliness that exists between the volunteers and the paid personnel who take equal pride in maintaining the standards of the Coffee Shop.

When we first opened, there were six paid workers; there are now eighteen and we need two more. This demonstrates how much busier we are. The number of volunteers is about the same as in the beginning with 4,690 hours of service given by the regular volunteers and 1,326 hours by summer volunteers. An impressive total of 6,016 hours was given by all the volunteers in the Coffee Shop this past year.

These figures give an indication of our rapid growth:

	Customers	*Income*
October, 1964	14,800	$ 8,790.00
October, 1965	17,412	11,160.29
October, 1966	22,998	15,372.00

The payroll increases proportionately, of course, as do the food bills. But we are maintaining correct cost-to-income ratio in our budget, and after meeting all expenses, we have a comfortable balance. So all is well financially, too.

DOROTHY KRANES
Chairman

MRS. FARAHE MALOOF, PRESIDENT, PRESENTS THE FOLLOWING REPORT FOR THE MASSACHUSETTS GENERAL HOSPITAL SERVICE LEAGUE:

Once again, it is a pleasure to report on the activities of the Service League for the year 1966. The success of its varied projects has been attained largely through the deep devotion of its members.

The Reception Center for Professional Visitors continues to be the nerve center of the organization. This has been a continuous service for twelve years, bringing our members in personal contact with these visitors each day of the week. International professional visitors coming from 38 different countries registered with the Reception Center in 1966. There was a total of 127 registrations, representing single individuals or international visitors who are married and have children. At this desk 37 volunteers contributed 1,292 hours.

Our Housing Committee performed an excellent service in finding homes, apartments and rooms for our visitors from abroad. The total number of housing requests was 67. The problems in this unit continue to be due to the variety of nationalities encountered, the high cost of living and the financial restrictions of the international visitor. Many of our visitors borrow household articles and sometimes complete equipment for their homes from the Furniture Exchange, which is located at storage quarters generously made available to us at the McLean Hospital. This year we started a toy department for visitor's children, which has been accepted with great interest and appreciation by the international visitors.

Our Ticket Service increased in scope this year due to more publicity given this activity. The tickets were donated by individual friends, the Hospital family, the Mason Music Foundation for concerts, Boston Symphony, the opera, the theater and the ballet. We were able to distribute about 267 tickets to many individuals.

The visitors prior to returning to their own country either come personally to thank us for our assistance and hospitality or send a note to us after they have arrived home. The members of the Service League find these messages most rewarding.

The Committee on Hospitality for international visitors has 11 members who act as area hostesses or are responsible for certain projects. Early in the fall the area hostesses personally contact various visitors. Small informal coffee hours are planned in each geographic area and the visitors bring their children who are also entertained by the area hostess. Our single international visitors are entertained in the early fall with a dinner party at the home of one of our members. This program leads to many long-lasting friendships and to an exchange of ideas concerning the United States and these other countries.

Our fall and spring teas bring the international wives to the Hospital so that they have the opportunity to meet other members of the Hospital family. At Thanksgiving and at Christmas time, an invitation is extended to all our international visitors to visit our homes and to observe our customs. Luncheons, shopping trips, morning outings, picnics and beach parties are planned during the year. The Hospitality Committee has placed more emphasis on personal contacts with the wives at home who have much less contact with the American community than their husbands who are working in the Hospital.

The scope of the Service League activities in the Clinics has expanded during the past year. Five projects have received the attentive efforts of 37 members, all of whom have been given basic orientation and training as to their various duties in the Clinics. The oldest project in the Clinics is the Information Desk in the surgical-gynecological area on Clinics I. More than 15,000 persons were assisted on 203 clinic days this past year. The second Information Desk has been in operation in the area of the elevators in Clinics I for the past nine months. The ladies at the desk have been of real assistance to the professional staff of the Massachusetts Eye and Ear Infirmary by carrying out various tasks such as directing traffic, reassuring the patients, and in many other ways taking care of problems that arise at the busy intersection between the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary. At the street level of the Fruit Street entrance to the Clinics, an average of 14 members of the Service League, each month,

have contributed a total of 1,387 hours carrying out such duties as directing the patients to the different clinics and distributing hot and cold drinks to a total of 13,479 patients. Similar hospitality and assistance have been extended to the patients in both the Amputation Clinic and at Amputation Rounds.

During June and July of 1966, the Service League responded to an urgent plea from the Clinics Administration to provide two ladies per day to help staff a new type of Hospital-Community Project. A total of 14 volunteers gave 168 hours to a group of 349 children from a deprived area who were brought to the Clinics for physical and psychological evaluation in connection with known reading disabilities. This kind of care in a hospital setting was a new and frightening experience for many of these children. However, they were quickly reassured by the kindness and attention given to them by the volunteers.

A real source of pleasure for some patients is provided by the Chapel Concerts. Fourteen concerts were scheduled, but only seven were given due to ongoing construction at the Hospital. A group of 30 volunteers escorted about 70 wheelchair or ambulatory patients to and from the concerts. This has been a great source of comfort not only to the patient, but to the patient's family. The Service League would like to extend a deep feeling of gratitude to the performing musicians who gave so freely and generously of their time.

The Coffee Shop sponsored jointly by the Ladies' Visiting Committee and the Service League has just had its third birthday. A special report on the Coffee Shop is included in the Report of the Coordinating Committee.

The relocation of the Information Desk from the old Brick Corridor to the White corridor seems to have been a very helpful change, not only because of the increasing number of people served in this latter area, but also because it eliminates many interruptions in the nursing and administration offices by people seeking directions to all parts of the Hospital.

The Service League members and their friends enjoyed a mid-winter luncheon at LePalais Restaurant. Dr. John H. Knowles, Dr. Victor W. Sidel, and Dr. Daniel D. Federman spoke on "What's New in 1966 at MGH". These physicians

enlightened many of us on some of the new and vital projects they are engaged in at the Hospital. At our annual meeting, Dr. Ellsworth Neumann spoke about the many problems which were involved in restoring the Ether Dome, now designated a National Historic Site. We continue to mail the "Bulletin" at three month intervals to the total Service League membership. Eleven community meetings were held in the fall in various suburban areas to inform members of the in-hospital projects of the Service League. The Second Annual MGH Night at Pops was highly successful bringing together members of the Hospital family.

A Spring Dinner Dance was sponsored jointly by the Distaff Club and the Service League at the Harvard Club in April, 1966. This was a very successful enterprise due to the splendid cooperation of both of these organizations.

Two representatives of the Service League attended each meeting of the Coordinating Committee and the Advisory Committee to the Volunteer Department. The Vice-President of the Service League, Mrs. John McKittrick, attended the annual meeting of the American Hospital Association in Chicago in August. The Service League continues its membership in the Greater Boston Region and Massachusetts Hospital Association Auxiliaries, as well as in the New England Hospital Assembly.

It is fairly obvious from the above report that the Service League has had a marked increase in its activities at the MGH. In view of the anticipated expansion of various Hospital facilities, it seems likely that even greater participation of the members of the Service League will be needed. Our contribution to the Hospital continues to be a vital and significant one, and the members involved are to be highly commended for their devotion and for contributing so generously of their time and energy.

MRS. JOHN T. HARRINGTON, PRESIDENT, PRESENTS THE FOLLOWING REPORT FOR THE DISTAFF CLUB:

The Distaff Club is composed of the wives of the House Officers and Fellows at the Massachusetts General Hospital, the Massachusetts Eye and Ear Infirmary, and McLean Hos-

pital. Also included in our membership, if they wish to join, are women who are House Officers and Fellows themselves.

This report covers the period from October 1, 1965, to September 30, 1966, and, therefore, the work and activities of two executive boards. Officers are elected each year in April with the new executive board taking over in mid-May. The officers for 1965-66 were: Mrs. Graeme Hammond, President; Mrs. Howard Rotner, Vice-President; Mrs. George Zinninger, Corresponding Secretary; Mrs. Jack Wittenberg, Directory Secretary; and Mrs. Donald Skinner, Treasurer.

During the fall of 1965 meetings and social gatherings were planned to enable the wives to get better acquainted. In October a Potluck Supper was held at the Retina Foundation followed by dancing. The House Pupil's Association Dinner Dance stands out as the great highlight of the fall. In November Dr. Ralph Miller, an Olympic ski expert spoke to a group of Distaffers and their husbands about his skiing experiences in Chile.

Winter and spring were filled with more activities on the social side when Distaff held a Christmas Party with dancing and a late buffet. In February Dr. Walter Muir Whitehill took Distaffers on a "speaking tour" of Boston; and in March Mr. Charles Willauer, A.I.D., spoke to us about Interior Decorating. In April we joined with the Service League in sponsoring the annual Spring Dinner Dance at the Harvard Club. The traditional Memorial Day Picnic at the home of Dr. and Mrs. Bradford Cannon welcomed all Distaffers and their families to a delightful picnic complete with ice cream, soft drinks, a pony cart, and balloons.

The service projects undertaken by Distaff were the annual Halloween and Valentine parties for the children in Burnham, and the gift wrapping of more than 600 presents for the children at the Hospital Christmas Party. Unfortunately, the Valentine Party for the children in Burnham had to be cancelled at the last minute. In the spring our housing chairman, Mrs. Leonard Bushnell, sent information about the Greater Boston area with specific housing details to all incoming House Staff families.

In May, 1966 the new executives came into office. The elected officers were: Mrs. Tim Harrington, President; Mrs. Bryan Brewer, Vice-President; Mrs. Pere Owen, Corresponding Secretary; Mrs. Richard Baringer, Directory Secretary; and Mrs. Mel Platt, Treasurer.

By the end of May, all known incoming House Staff families had been sent a "Welcome Letter", which included a list of summer Distaff activities, and a copy of "Distaff Suggestions" noting places to shop and what to do in Boston.

The July Tea, at which Dr. and Mrs. John H. Knowles and the Distaff Club welcome newcomers, marked the official beginning of the Club's activities for 1966-67. We continued the summer "Get Acquainted" program which was begun last year. Our area coordinator, Mrs. Pat McLaughlin, and nine area representatives made every effort to be sure that all newcomers were contacted and invited to informal area teas during July. At the end of July all mothers and children were invited to attend a picnic at the home of Dr. and Mrs. John Raker in Concord. During August, Distaffers made two trips to Wingaersheek Beach and one trip to Crane's Beach. We had a delightful tour of Drumlin Farm with a picnic at Walden Pond following the tour. Area meetings were held at the end of August to discuss plans for the year, and specifically to decide on Bazaar projects to be undertaken in the various areas. In September, at the first general meeting, Dr. Paul Dudley White spoke to Distaff about his travels.

The Distaff Directory was issued in August. This indespensible booklet contains the names, addresses, telephone numbers, and husband's positions of over 350 Distaffers. The Distaff News is published quarterly to keep members informed of the Club's activities. In addition to scheduled events, the newsletter prints feature articles, announcements of new babies, and news of area group interests, such as bridge and book clubs.

Financial support for Distaff programs, parties and publications was provided by annual dues of $3.00. In 1965-66 there were approximately 140 dues-paying members. Additional funds were raised through the Bake Sale and Bazaar, which brought us $297.73 in November, 1965. "Distaff Dishes", the

cookbook published in 1964, added a little more to the treasury. Distaff also received a gift of $100 from the Ladies' Visiting Committee.

Gifts of "Show and Tell and Paint by Numbers" sets were given to the Recreation Service in Burnham.

Distaff continues to fulfill its founders' purposes: "to enable the House Staff wives to become better acquainted with each other and with the Hospital", and in addition it provides plentiful and varied opportunities for Distaffers both to meet socially and to widen their intellectual horizons.

Report of the Advisory Council of The Massachusetts General Hospital School of Nursing

EIGHT regular monthly meetings of the Advisory Council were held from September 1965 through May 1966 with the exception of December.

The Council began the year with the satisfaction of knowing that the new Nursing School building is now completed. A tour following the September meeting served to introduce members to the attractive quarters which, both functionally and artistically, pleased everyone. The building provides much needed additional library, classroom, and conference space, as well as the consolidation of formerly widely separated faculty offices.

One hundred students were graduated in September, 82 from the standard program, 18 from the alternate program (in co-operation with Northeastern University) and seven from the Coordinated program, both of which cease this year.

Of those graduating from the standard program 79% returned to MGH which was very reassuring to the Hospital.

Of the 75 applications for financial aid 63 were granted, as follows: Freshman—32, Juniors—22, Seniors—9. The total aid granted amounted to $35,650; $19,870 from Grants in Aid from the Hospital; and $15,780 from the Federal Government.

During the summer and fall there were eleven resignations from the full-time faculty which created problems, but vacancies were eventually filled.

Parents Day, a function which has been successful for the past several years, was continued this year with two days devoted to the program, November 6 and December 4. Selected Junior students presented informing and lively descriptions of their various experiences in affiliated hospitals and this was followed by a panel of parents who discussed their expectations and evaluations of the training given their daughters.

The Council received further evidence of the ability of the students to express themselves clearly and forcefully when four students described what attendance at two conventions had meant to them. Two were delegates to the National Student Nurse Association in San Francisco, and two attended the International Congress of Nurses in Germany. All emphasized the values gained from sharing ideas with others and their pride and satisfaction in being part of the nursing profession. The two who had been in Germany were further impressed by the universal recognition of MGH and of Miss Sleeper that was expressed at the conference.

During the year two future changes in the School program were considered and discussed. The affiliation with the Boston Lying-in Hospital, where students have gained obstetrical experience for the past 65 years, came up for re-assessment due to increased charges per student submitted by that hospital. These would bring the total charge for tuition and room and board to $365, or $240 added to the regular tuition of $125. Several alternative plans were discussed and affiliation with Boston City Hospital, located nearer to Massachusetts General Hospital and more flexible in its affiliation policies, is now being considered. The other innovation is the admission of men students into the program as a result of the closing of the McLean Hospital program which has prepared male nurses. The need for male nurses is pressing and approximately ten other schools in Massachusetts presently admit a few male students. Although housing may present a problem the consensus of the Council was that it would be desirable to admit men students. The Trustees Committee later approved this decision.

Two major areas of concern have engaged the attention of the Council this year—the problem of recruitment, and the future of the diploma school in the light of the changing educational criteria currently under discussion throughout the profession. The two are closely interrelated for it is felt that the diversity of training programs now being offered results in considerable uncertainty among would be recruits.

The number of applications for next year's class received to date indicate a decline which is evident in other diploma schools. The statistics stand approximately as follows:

	May, 1966	*May, 1965*
Applications	289	365
Appointed	171 (+ 1 reapplicant)	191
Accepted	123	116
Withdrawn	47	85

Career days are one way of stimulating interest and Career Day at MGH, held as usual this year in November, attracted approximately 400 high school students from Massachusetts, New Hampshire and Rhode Island. However, it has long been recognized that a centralized recruiting program would be more effective for the profession as a whole and the Council urged that steps be taken to support a statewide recruiting office. Under the leadership of Mrs. Dorothy Hayward, a program co-sponsored by the United Community Services and the Hospital Council with support from two Foundations, the Hyams Fund and Permanent Charities Fund, has been organized with a full time staff member who will visit guidance counsellors and be available for consultaton. Provision of housing for graduate nurses in apartments in Charles River Park rented by the Hospital may also be an incentive in recruiting by making convenient living places more available and relieving the students residences. It is anticipated that in the future as many as 300 staff may be living in these apartments.

Two meetings were devoted to a thorough discussion of the future of diploma schools of nursing, with particular attention to the MGH School. As an aid to understanding this serious situation Miss Sleeper presented the history of the movement to improve the quality of nursing education since its beginnings in 1893 to the inauguration of an accreditation program instituted by the National League for Nursing in 1938. In succeeding years various studies and publications appeared which stressed the importance of the baccalaureate degree as the basic foundation for professional nursing. In 1963 the Surgeon General's Consultant's Committee on Nursing prepared a paper entitled "Toward Quality in Nursing" that emphasized the collegiate education but recognized the importance of diploma

schools which must continue to graduate the majority of nurses. It predicted that by 1970 some 40,000 diploma nurses should be graduated each year to meet society's health needs, yet in 1964 the number of diploma school graduates was 28,000. The seriousness of the situation was further stressed in a position statement by the Steering Committee of the National League for Nursing Department of Diploma Programs chaired by Miss Sleeper, which in October, 1965, urged all diploma schools to make every effort to meet the need expressed in the Surgeon General's report. Closely related to the need for more students is the lack of well trained teachers to meet the possible increase in students. This will be particularly hard on diploma schools, which in their efforts to secure teachers are in competition with the baccalaureate programs.

In the light of this pressure a position paper recently issued by the American Nurses Association, but not officially passed by the membership, has created considerable confusion among the teaching profession because of its basic thesis that "education for those who work in nursing should take place in institutions of learning within the general system of education". Miss Petzold conducted the discussion of this paper and questioned whether the recommendations for three levels of education for nursing personnel outlined in the report would insure improved nursing service. The three levels are (1) Professional nurse (registered) with basic preparation at the university level; (2) Technical nurse (registered) prepared at the junior college level; (3) Assistants in health service occupations to be prepared in vocational schools. Faced with this situation the alternatives for the School at Massachusetts General Hospital seem to be either to close the School and open facilities to collegiate programs such as Boston University, Boston College, Simmons and Northeastern, or to obtain affiliation with a university for a basic program such as that now given by Columbia-Presbyterian Hospital School, or to continue as a diploma school. In her annual report of the School of Nursing Miss Petzold stated that one of the main tasks ahead is that of "identifying, defining and strengthening the unique

contributions that a diploma program such as ours has to make", which expresses the purpose of the School today.

The Council agreed that closing the School would influence other schools and possibly stimulate a wave of closing diploma schools; that the rumor of closing would certainly affect recruitment, and that diploma programs should not be phased out until there is something to replace them. Possible courses of action to meet the situation brought out several suggestions, one of which concerned the possibility of students receiving credits for diploma school courses. Since obtaining blanket credits toward a degree is no longer possible it is hoped that placement examinations may enable students desiring to continue studying to gain thirty or more credits. This should stimulate students at MGH to study and qualify for these credits. Possible affiliation with Radcliffe and Harvard might still be explored. It was suggested that the alumnae take an active role in studying the problem.

Miss Sleeper paid tribute to the Hospital Trustees and to the Advisory Council who continue their faith in the School of Nursing and hospital schools in general even in the face of rising costs and decreasing returns to the Hospital in service by the students.

The annual luncheon meeting of the Council and the Faculty was held on March 22, 1966 in Walcott House, and the group was privileged to hear Dr. Octo Barnett, Director of the Hospital Computer Project, who described this project assisted by Miss Virginia Davis, R.N. There are presently four nurses on his staff, making valuable contributions in identifying problems, procedures, and needs from the nurses' point of view. This is purely a research project which must be perfected to a high degree before it can be substituted for existing systems. It is concerned with programming for the computer in areas of ordering and charting medications, reporting laboratory tests, collecting admissions and discharge data, and preparing materials for clinical research. The group was much impressed by Dr. Barnett's enthusiasm and his ability to explain clearly and with humor this amazing automation system and its implications for the future.

The terms of office of three members of the Council end this year—Mrs. Nelson W. Aldrich, Miss Mary McDonald representing the Alumnae, and Mrs. Roland V. Patrick. I wish to express for the Council our sincere appreciation for their contributions to the work of the Council.

Mrs. Dorothy Hayward, Chairman of the Nominating Committee, presented the following slate for the term beginning September, 1966; Mrs. Patrick for a full term after completing Mrs. Homan's term, Mrs. George Roland and Mrs. John Volpe. The Committee is to be commended for securing the services of these able members who will represent the community.

I have enjoyed this first year as Chairman, and wish to take this opportunity to thank you all for your support, and particularly Miss Alice Dempsey for her carefully prepared minutes. Miss Sleeper and Miss Petzold have given us their wisdom and their guidance, providing us as always, with a continuing learning experience in a time of serious change.

SIGRID EDGE
Chairman

School of Nursing

October 1, 1966

Full time Faculty	49
Nurses	43
Non-nurses	6
Part time Faculty	1
Nurses	0
Non-nurses	1
Nursing Students (M.G.H.)	
Freshmen	134
Juniors	91
Seniors	97
Total	322

Report of the School of Nursing

A SERIES of events of significance not only to the School of Nursing but also to a larger community occurred at the end of the 1965-66 school year. Miss Sleeper's retirement in September, 1966 marked twenty years of progress toward excellence in quality of patient care and nursing education. During this time the Nursing Department grew in dimensions of complexity, so that the establishment of the School of Nursing and the Nursing Service as separate entities seemed wise, with a Director appointed for each. The changing roles of the nurse, evolving from social need, institutions and resources, and spurred by advances in knowledge, technology and human understanding, make it necessary that School and Service continue to keep attuned to each other's goals as well as to share in clarifying and defining nursing roles.

Both the Coordinated Program, designed for graduates of liberal arts colleges, and the Alternate Program, in which the students had certain courses at Northeastern University, came to a close in September.

The possibility of developing a program within a university setting for the basic preparaton of professional nurses at a graduate level warrants continued exploration. Even though increasing emphasis is placed by nursing organizations upon the baccalaureate program as basic preparation for professional nursing, there seem to be increasing indications of the conflict of professional education and training at an undergraduate level with the aims of a liberal education, so that one questions the rate and extent to which such programs may continue to develop.

Our experience with the Alternate Program, while limited to two classes, has provided us with insights into other possible patterns of nursing education which may help us to evolve a program sound in its aims, consistent with a hospital's purpose in relation to education, and flexible enough to take into consideration the changes in society which affect education and the learner, as well as the health needs and resources of a community.

In view of the position paper of the Committee on Education of the American Nurses Association calling for the eventual transition of all nursing education into institutions of higher education, we studied with concern its probable effect on recruitment of qualified students and faculty; implications for immediate and long range needs for program development; and maximum effective utilization of human, physical and financial resources.

In September, 1966, 134 freshmen entered the School of Nursing, the same size class as in 1965, although the Admissions Committee again reported a decrease in formal applications. The geographic areas which the students represent remain the same with 85 from Massachusetts, 30 from other New England states, 17 from outside New England and 3 from outside of the United States. The ability of the entering students remains high, with approximately 80% in the upper third of their graduating class, and with over 85% of the College Entrance Examination Board Scores in the 450-800 range. Most of the students, ranging in age from 17-36, had volunteer or work experience before entering, with one third of them indicating volunteer work or employment in a hospital, nursing home or doctor's office. In addition, 13% had successfully completed one or more years of college. Despite their heterogeneity, they tend to share the belief that for them a School of Nursing associated with a Hospital such as M.G.H. is the most appropriate route to becoming a nurse. Although it was voted to admit men students this year none entered the freshman class.

Because of limited opportunity for employment, in order to finance their education students requested financial aid in amounts similar to the past. In 1965-66 all students were required to have health insurance. The cost of their transportation to and from Boston City Hospital for experience in Maternity Nursing was the only increased cost which the students began to assume in September 1966.

The decision to end our affiliation with the Boston Lying-in Hospital in August, 1966 and to maintain the students in the M.G.H. School of Nursing residences during their Maternity Nursing course added to the cost of the program which the

Hospital assumed even though the $125 tuition fee is now payable to the M.G.H. There were three additional sources of financial assistance this past year. Two were in the form of scholarships, one a scholarship of $1,000 given by an alumna of the School, the other the Martha MacDowell Carpenter Scholarships in the amount of $2,800 for two first year students. The third was from the Federal Government to reimburse participating diploma schools of nursing for a portion of the cost of training students whose enrollment can be reasonably attributed to the provisions of the Nurse Training Act of 1964. This amounted to $12,250 or $250 for each of the 49 students enrolled with Federal Loans for Nursing Students.

Some adverse publicity about diploma schools of nursing seems to be affecting recruitment to the extent that some schools are employing full time recruitment personnel. Our counselors and other members of the Admissions Committee are doubling their efforts in this direction, but with other full time commitments this is an added load. We continue to scrutinize our admissions policies and practices and the community relationships involved. We appreciate the fine quality of the Careers in Nursing program undertaken by the Nursing Council of the United Community Services this past year.

With over 1,100 faculty vacancies across the country, recruitment of well prepared faculty has become critical. Problems related to recruitment, orientation and assisting new instructors to develop both their nursing and teaching skills through an on-going program of faculty development could well use the attention of a full time person who might also assist in teaching areas depleted of staff through illness or vacation periods. Arrangements made with Nursing Service to provide staff nurse experience for all new faculty members in order to assist them to assume roles as clinical instructors proved mutually beneficial. Throughout the year the turnover was 40% with 20 resignations among a total faculty of 49. Of these, eight were related to the closing of the Alternate and Coordinated Programs, twelve from the Standard Program. Marriage, family and continuing studies for advanced degrees were the major reasons for leaving. Two left to seek other positions. Seven

new faculty positions were filled for Instructors in Maternity Nursing and the revised senior program, the latter relieving Nursing Service of much of the responsibility of guiding and planning for students in the clinical areas during day periods. There was an over-all reduction of 3 positions in the total faculty due to closing of the Alternate and Coordinated Programs. We were fortunate to fill all of our vacancies except one; and with 37% of the faculty having earned at least an advanced degree (beyond baccalaureate) we stand well above the 25% national average for diploma schools. The vacancy created in September, 1966 for an Assistant Director urgently needs to be filled by someone who can share in administration and program development of the School. And with the ever increasing complexity of the nurse's role, we shall need to consider seriously the addition of an instructor to assist the students during evening and night periods in the clinical area.

The salary increases were very much appreciated; and, last year, helped us to compete favorably for those faculty who enjoy the challenge of being associated with a large medical and teaching center, whereby they can maintain and develop their proficiency in both nursing and teaching. We do lose those, however, who prefer an academic setting and an academic year, and at present are losing some potential candidates because of salary scale.

Curriculum evaluation, development and implementation continue as some of our main functions. We have maintained our voluntary accreditation by the National League for Nursing. Nevertheless, on the basis of the evaluation of our interim report, we expressed to the League some of our concerns lest accrediting procedures lose sight of its purposes, limit sound experimentation and prevent alternate effective means toward reaching desired goals. Because of the heterogeneity of our student group, our aim is to design a flexible program which will allow and encourage students to pursue a more individual route in attaining the goals of the program; and which will support the development of those qualities which will enable them as graduates to work effectively in changing situations. Advanced placement and enriched programs are being studied.

A team teaching approach to basic patient care, which was developed this September has caught the imagination of both students and teachers. Now that our own faculty is responsible for teaching Maternity Nursing, using the facilities at Boston City Hospital for student experience, we shall be able to expand our Maternal-Child Health program and, hopefully, students' concepts of growth and development; marriage and the family; the life-cycle; and socio-economic factors related to health. The revised senior program allows the student a more gradual transition into roles of increased complexity.

The Intersession for juniors in August, 1966 was revised to help them better understand Hospital-Community interrelationships. Through a program of guided independent study, field trips and seminars, students studied habilitation problems of the deprived child: intellectually, culturally, physically, sensory; and rehabilitation problems as they arise from and affect a family. Over 60 community facilities in Massachusetts and New Hampshire were visited by the students and the cooperation and interest of the agencies was most encouraging.

The School building, now named Ruth Sleeper Hall, has served us well and encourages us to enlarge and broaden our library holdings and other teaching aids. The beautiful manner in which the 20 Charles Street residence, Bartlett Hall, and the office of the Director of the School of Nursing were redecorated and furnished has added greatly to utilitarian and aesthetic aspects of the working environment of the faculty and the surroundings in which the students live and learn.

We indeed appreciate the support of the Trustees and Administration as we work to strengthen our program so that its graduates can continue to contribute so vitally to the health needs of society.

NATALIE PETZOLD, R.N.
Director of the School of Nursing

Nursing Service

October 1, 1966

Full time Graduate Nurses, General Hospital and Clinics	357
Full time Graduate Nurses, Baker Memorial	98
Full time Graduate Nurses, Phillips House	99
Total Full time Graduates	554
Hourly* Graduate Nurses, General Hospital and Clinics	17
Hourly* Graduate Nurses, Baker Memorial	12
Hourly* Graduate Nurses, Phillips House	13
Total Hourly* Graduate Nurses	42

*Hourly expressed in equivalent of full time.

Report of the Nursing Service

ON September 10, 1966, Miss Ruth Sleeper retired as Director of the School of Nursing and Nursing Service. Upon her retirement, as she had planned, the separation of the Nursing Department into two distinct units became complete. The following is a report of the Nursing Service, the unit within the Hospital organization which is responsible for the nursing care of patients.

Miss Sleeper, a modest woman, a world renowned nurse, beloved by her Staff, administered her Department from a feeling of responsibility for the here and now and a responsibility for readiness for the future. She shared leadership with no abdication of her own unique responsibility, and acted upon her belief that an administrator is ever a teacher. She prepared unselfishly and well for the change to be caused by her retirement.

In her first report as Director of the Nursing Service in 1946, Miss Sleeper reported: "That the nursing shortage necessitated the prolonged closing of 76 beds in the White Building has been a matter of concern and for study." She went on to describe her concern for the rapid turnover of nurses, the adjustments necessary to integrate productively the available inflexible hours of part-time or hourly personnel, the dearth of lay workers, the inability to obtain a greater number of licensed practical nurses, and the changes in treatment and care which required more nursing time. The adjustment in working hours from 51.5 to 48 had increased the shortage of nurses, and a "generous increase" of $20 a month had resulted in no greater number of nurses.

Twenty years later, at the beginning of 1966 there were 207 more beds available. In contrast to the earlier year, during 1966, 46 additional beds were opened, a 6 bed neurological critical care unit, and a 4 bed coronary care unit were established, all requiring considerably more nursing staff.

As in most medical centers, the rate of turnover among Staff Nurses continues to be a cause for concern as the demands for increased skill and amounts of nursing care accelerate. For-

tunately there has been a greater stability among Head Nurses and Supervisors this last year; the average number of full time Staff Nurses exceeded the average in 1965 by 25, Licensed Practical Nurses by 27. The high rate of employment in New England, particularly in Boston, has had a marked effect upon the procurement of lay personnel; just as in 1946, there was a dearth. The lack of personnel in other hospital service departments has had an adverse effect upon Nursing Service. In contrast to 1946, the salary increase was $11 a week, and an additional $18.35 a week authorized for the coming year.

"Shortage of Nurses" has become a cliche, an answer given for the multiple difficulties encountered in providing nursing care; an answer so well believed as to discourage study and development of ways by which to provide nursing care and service commensurate with the needs of patients and those involved in giving patient care. Efforts to solve the shortage have been directed toward recruitment to a much greater degree than toward providing the facilities, the systems that would make possible the economic and fruitful use of nursing skills. It remains true that nursing personnel in greater numbers are needed with present methods.

In January 1946 there were 89 Staff Nurses and 4 Licensed Practical Nurses assigned to the patient care units comparable with the patient care units now administered by the Nursing Service. In January 1966 there were 473 Staff Nurses and 103 Licensed Practical Nurses assigned to the same areas. The comparable bed capacities were 813 and 1,066. The occupancy rate had increased, the work week was 8 hours less, and the student nurses had become learners rather than largely workers. These factors alone can not account for an increase of approximately 620% in the number of Staff Nurses, and Licensed Practical Nurses. The Nursing Service should be in a position to document the reasons for this phenomenal rise in staffing, but it can not do so for lack of facts. There is no doubt that there are sicker patients, more treatments of greater length and complexity, more patients who require constant observation, more patients being transported from place to place, less space in which to work, and many more people to interact with

and to teach. Is it possible that the size of a staff may decrease productivity? If so, what can be substituted for people without encouraging a mechanistic approach? I believe that were there to be a substantial reduction in the high degree of tension under which nursing personnel work, there would be need for fewer nurses and that they would be freer to develop quality nursing care.

The Nursing Service is now at the point where there is little doubt that quality and quantity can be expanded without concentrated study and experimentation. As a small beginning, an industrial engineer was added to the nursing staff in April; he has found that the need for immediate solutions to a problem takes precedence over the in-depth study of the cause of the problem. Research in nursing care and in the delivery of nursing care should be on-going with a goal of preventing problems, enhancing quality, and providing the quantity when and where needed. A study of absenteeism carried on by Dr. Murray Melbin, Social Psychologist, has resulted in the installation of a centralized time planning system in the White Building. The distribution of staff more closely related to the work load of the building as a whole, and time planned with fairness to each staff member will hopefully curtail absenteeism.

Last year there was a reduction of 4% in the turnover rate of full time staff nurses. Comparable statistics have been recorded since 1958-59; the reduction is 18.6% since that year. Although these figures are heartening, a 1966 turnover rate of 65% is a potent factor in the maintenance of quality care. During the past year as in former years, efforts were made to influence turnover directly, for example, attractive housing was made available to a greater extent and there was a substantial salary increase. Without doubt the installation of electric beds, new cribs for children, carts well stocked with emergency equipment, and the considerably improved appearance of patient care units were among the indirect influences. There are, however, influences over which an employing agency has little control; a few are marriage, motherhood, and a desire for new experiences away from "here," wherever "here" may be. While continuing to find new and better ways to lessen the number of

resignations, it is necessary to plan realistically for a staff that has a predominance of novices. A solution, impracticable for patients who must and who want to have hospital care and also impracticable for medical and other teaching programs, is to curtail the number of patients in the hospital at the time the greatest number of new graduate nurses are being inducted, that is the latter part of September through the middle of November. Substantial and essential changes in nursing education have shifted a large proportion of the training aspects of preparation in nursing to the employing agency. To meet this change the Staff Education Department must expand much more rapidly if it is to meet its responsibility to prepare nurses and other nursing personnel to care for patients in this ever changing, complex, demanding Hospital. This means more instructors, more classrooms, office space, a secretary, and equipment. Two additional instructors in Staff Education were authorized and secured in August. Offices in Thayer became available for them in September.

Each year the conflict between the care taking and the administrative activities, traditionally the responsibility of Nursing Service, come into sharper focus. The complexity of care taking, the increased quantity needed, the rapidity with which it must be delivered make demands upon the administrative aspects of a patient care unit which require a high degree of skill in administration. To resolve this conflict experimentation has continued with the unit manager system in the White Building and plans are underway to introduce a possible modification of the system into the Baker and Bulfinch Buildings as funds and personnel can be secured. The separation of nursing and clerical functions in the clinics has been basic to the further development of the nurse therapist.

The experiment begun in 1965 in the Bulfinch Building with a nurse therapist, or psychiatric nurse clinician as she is called tentatively, has been strengthened with the appointment of a full time nurse to this post. She works with both patients and nurses to help newly admitted patients, in particular, to make the kind of adjustment that will allow them to understand and accept their hospitalization positively.

Another experiment being carried on at the request of the nursing staff of Bulfinch 7 is designed to assess the effectiveness of the patient-nurse interaction when nurses wish to wear street clothes instead of uniform in caring for patients on a psychiatric unit. It is recognized that the assessment will be largely subjective.

It would be interesting and timely to design and implement a collaborative study, simple if possible, to obtain information about the reaction of and affect on patients, departments, professional and non-professional personnel by the greater participation of private service patients in the teaching activities of the Hospital. The interdependence of all departments and staffs makes collaboration a requisite.

EDNA S. LEPPER, R.N.
Director of the Nursing Service

Report of the Social Service Department

THIS past year has seen the realization, through National legislation, of one of the major objectives of the founders of our Social Service Department sixty years ago. Medicare and Medicaid have brought the possibility of the best possible medical care, free of anxiety over lack of finances to a large segment of the population. Despite the inevitable initial shifts and adjustments imposed on the Department, the ultimate benefits for patients are clear. Much of our energy this past year has been directed to the constructive implementation of this exciting new legislation.

The number and nature of referrals have shifted this year. A total of 9,382 patients received help from the Social Service Department, an increase of 732 over last year. The clinics of the Hospital showed the greatest increase, 550 more patients than in the preceding year. The gain in Medical Clinic and Staff Clinic represented 35% of the total Department increase. Of equal significance, many more patients are in need of continued casework services. A great many of the patients referred in the clinics, as well as the wards, are elderly people with chronic illness, who require the continuity of relationship offered by the caseworker in resolving those social and emotional problems which interfere with their medical care. As a result of this, the average monthly caseload of the caseworker in the Medical Clinics has increased by nearly 200 patients in the past year for a total of 543 patients.

The choice provided by Medicare of either private or general hospital care has many implications for the Hospital. Since July 1, 1966 there appears to be a trend in the Baker Memorial and Phillips House toward admission of a higher percentage of elderly patients, some of whom are from a lower socio-economic group. There have, for example, been 36 patients receiving public welfare during this period. This has resulted in an increased need for social service assistance. Referrals have increased 23% in the Baker Memorial and Phillips House this year.

Some of these changes are probably directly related to the Federal legislation, others to the record occupancy rate in the Hospital. More patients over 65 with severe illness clearly result in a greater demand for social work help. The patient over 65 with chronic or severe illness is frequently an isolated person without capacity to plan for himself and without family resources. Approximately 50% of the older patients referred to Social Service in the Massachusetts General Hospital have no family member with whom plans can be made. This figure coincides with national statistics. Meeting the social-emotional needs of this group of patients usually requires the provision of a supportive and continuing relationship as well as a variety of concrete services. The provision of these casework services to this group is an increasing responsibility of our Department.

The patients are, of course, usually in need of carefully planned home health services and care in long-term institutions. Much of the home health care is provided by the Visiting Nurse Association. This year we entered into a contract with the Boston Visiting Nurse Association. We provide the Visiting Nurse Association with twenty hours per week of social service time. This is but one more avenue of increased community service aimed at insuring maximum coordination of post-hospital services to patients in their own homes.

Had it not been for the creation of the Transfer Office last year, the first few months of Medicare would have been far more complex for all of us. During this period of 99% occupancy of nursing home beds, this office has been an effective means of insuring quality extended care for our patients with minimum delays. Various studies aimed at evaluating the effectiveness of this service indicate that indeed the goal to match the patient's individual needs with the capacity of the nursing home to provide service is being met. For example, during the first three months of 1965, 71 patients were placed by the Emergency Ward and Overnight Ward in nursing homes. Of these, 46% were replacements into other nursing homes or chronic hospitals because a physician, family member or the nursing home was concerned about the level of care. During the first three months of 1966, only 59 patients were placed by

these Services, and only two patients or 3.4% were replacements.

This is a very important gain. It means first that the patient is receiving more appropriate care geared to meet his needs. Also, fewer patients return for readmission and this added use of hospital beds is avoided. In addition, overtaxed staffs in nursing homes are having fewer instances of requests to provide services to patients, which are beyond their capacity.

At the same time placements are made more efficiently. The average delay in placement after the patient is medically ready for discharge has been reduced. A year ago the delay was estimated to be between fourteen and twenty-one days. A recent careful survey indicated that the present delay averages 3.3 days for nursing home placement. The advantages in this hardly need to be mentioned. More efficient use of acute hospital beds, especially in this period of record occupancy, is the major one. Reduced cost to the community is also significant. This has been accomplished through: 1) The efficiency of the Transfer Office which provides at any time information on which beds in the community are available and what services on behalf of a patient can be expected of that bed; 2) the fact that physicians are referring patients earlier in the course of their hospitalization so that needs can be anticipated and planning accomplished before the patient is medically ready for discharge from this Hospital.

Despite these gains, major problems regarding post-hospital care for patients exist. For every patient requiring chronic hospital care there is a delay of 18.9 days. For the terminal patient, delays are often six to eight weeks. Our community must face this major deficit. We are indebted to the few chronic hospitals which continue to recognize this need and provide these patients with care. We and the community owe a particular debt of gratitude to the Holy Ghost Hospital and the Jewish Memorial Hospital, as well as to the few State facilities, such as Cushing Hospital, which continue to admit these patients. This problem is a serious one for the patient, his family and for the community. The financial loss to the community of keeping these patients in an acute hospital

beyond the point where active treatment can help is great.

In addition, the number of extended care faciilties which will be certifiable on January 1, 1967 will be far fewer than the community needs. The lack of appropriate staffing, especially of nurses, will result in an acute shortage of extended care facility beds. We have entered into twenty-eight transfer agreements with nursing homes which expect to seek certification as extended care facilities. In order to help many of the nursing homes to achieve the level of care required for certification and to implement the transfer agreement appropriately, various departments of the Massachusetts General Hospital have arranged for consultants to work with the extended care facilities. A group of physicians from the Medical Service is assisting the extended care facilities in establishing utilization review committees. A Massachusetts General Hospital staff physician and a local doctor will work together on the utilization review committee. We hope this joint task will serve many educational purposes as well as improve communications between the hospital physicians and local doctors. The Dietary Department recruited from its alumnae well trained dietitians who will serve as consultants. Members of the Social Service staff are serving in similar capacity. The Nursing Service and the nurses in the Transfer Office are assisting in in-service training and consultation.

The Utilization Review Committee of the Massachusetts General Hospital has been of great help in regard to the problems of extended care. The Committee's interest and support in communicating the issues to the staff physicians and in assisting in the resolution of certain cases has facilitated our task. In addition the routine review of medical patients has served to alert the Social Service Department to patients needing extended care earlier in the course of hospitalization. Membership in the Committee has certainly served a major educational purpose for the social workers involved.

The Clinic Social Service Department is now serving approximately half of the total patients seen by social workers. This past year the Administration agreed to the creation of a position of Assistant Director of Social Service responsible for

social service functioning in the clinics. Mrs. Alice Rogers who joined our staff as Supervisor of the Medical Clinic Social Service Unit in September, 1965, assumed this new responsibility in October, 1966. Our goal is more complete coordination and unification of all social service functioning in the clinics. This new administrative structure will make this more possible.

We have been this past year, and are currently, fully staffed. This is, needless to say, an unusual situation in the Greater Boston community and the country as a whole. Trained social workers are in short supply as are all trained health workers. We are in the fortunate position of being in demand by young professionally trained workers. The attitudes of the staff and Administration of this Hospital, which foster an atmosphere conducive to learning and to the provision of the highest possible level of care for patients, make the positions in our Department highly desirable. The Administrative and Trustee action regarding salary increases also provide concrete rewards which are, of course, inducements.

This year also brought to a close the first year of our training program for social service assistants. Currently the second year is under way directed by Miss Grace Nicholls, the Associate Director of the Social Service Department. We are delighted with this experiment in the use of sub-professional personnel in expanding our capacity to offer appropriate services to patients. During the summer training program, assistants from the Massachusets Eye and Ear Infirmary, Children's Hospital, Boston Lying-In Hospital and Carney Hospital were participants. In addition, at the request of Miss Ruth Farrisey, two nurses from the clinics participated in the formal training.

The Department continues to work with Simmons College School of Social Work, Smith College School of Social Work and Boston College School of Social Work to provide field placement for students in the Masters and Doctoral sequence. A total of sixteen students have benefited from Massachusetts General Hospital experience during the past year. Nineteen new students came to us in September, 1966, for fieldwork instruction.

The remodeling of the Bulfinch Social Service Department space was accomplished this year. This unit which has also shown a marked increase in patients referred is now far better able to function efficiently on behalf of patients and we are most appreciative of this expenditure.

Salary increases and limited increased staff, one additional worker, have resulted in a larger budget for Social Service. We have again this year received funds from the Permanent Charity Fund, Inc., for the continuation of the Social Service Assistant Training Program and from the Federal Government for the continuation of the Transfer Office, Grant #CH-23-28B-67 "An Experiment in Continuity of Patient Care Through Collaboration with Selected Nursing Home Facilities." In addition two contracts were awarded to the Social Service Department by the Health Economics Branch, Division of Medical Care Administration.

During the next few months the Social Service Department of the Hospital in cooperation with the Utilization Review Committee will study a random sample of all discharges from the Hospital to determine among other things the criteria used in the selection of nursing home placements. In addition, in collaboration with the Accounting Department, we will determine as exactly as possible the cost of the consultation process with extended care facilities, and the cost to these extended care facilities of upgrading their care of patients in order to be certified as an extended care facility.

Again this year the increased number of patients served was reflected in the total amount expended in direct help to individual patients. A total of $73,851.84 was spent; this is $3,000 more than last year. The largest items were: Transportation $32,678.81; camp and tuition $16,223; nursing home care, homemaker care and apparatus $13,808.45. Other expenditures for various aids to patients totalled $11,141.58. A significant amount of the expenditure for transportation of patients was refunded to us by the Public Welfare Department. The Edward V. Bird Fund provided, through the aegis of the Social Service Department, $43,438.48 to patients discharged from the Massachusetts General Hospital. An additional

$13,396.69 was made available to patients through the generosity of the Massachusetts Division of the American Cancer Society, the Ladies' Visiting Committee of the Hospital, the Frances Rollins Morse Fund, the Dr. John Monks Memorial Fund, Mr. Charles E. Merrill, Jr., the United Community Services, the John W. Boynton Fund, Frederick E. Weber Charities, Lend-A-Hand Society, Boston Rotary Club, Boston Safe Deposit and Trust Company, the Sarah A. W. Devens Trust, Lotta M. Crabtree Trust, John Clarke Fund, Permanent Charity Fund, Inc., and the Fragment Society.

ELEANOR CLARK
Director of Social Service

Report of the Dietary Department

IN each service emphasis the Dietary Department has accommodated to the challenge of change through constant modification in procedure and assignment. Some revisions were necessitated by physical change in accommodating to North Building construction schedules; others were the natural result of educational and professional development.

The 1966 Subsistence Report indicated a total expenditure of $1,045,709.57. This was an $82,939.73 increase over the 1965 figure. The increased work load was met through revised purchasing patterns and reassignment of responsibility to Food Store personnel. Temporary Building #1 has proved both adequate and convenient.

Each Main Kitchen lost space to construction, but maintained uninterrupted production schedules for capacity house counts (1,082,489 patient meals) and a comparably high census in the cafeterias (1,164,380 meals). It is evident that we have outgrown existing facilities for both production and service, and that interim planning, for both patients and personnel will tax our ingenuity.

In the clinical areas diet prescriptions often specify more than one modification but no significant change of trend has been recorded. The most frequent orders were for gastric and diabetic regimens, caloric levels and sodium restrictions. Several modified metabolic studies have been done on the Burnham floors, and the needs of the intensive and critical care units have been of special concern.

We were privileged this year to have Lt. Col. Helen M. Davis (U.S. Army Ret.) represent The American Dietetic Association for a site visit to evaluate the Dietetic Internship. Reapproval for the M.G.H. program was received in July.

Two new positions have been created—one for a staff member to take care of the increased number of patients in the Baker Memorial (opening Baker-Warren 12) and the other to add a member to the Coordinating Committee—in August Miss Elinor Pearson joined the administrative group when she accepted

appointment as Assistant Director, Dietary Department and Dietetic Internship.

Miss Annie L. Galbraith, Associate Director of the Dietary Department and Dietetic Internship has been granted a leave of absence for a year of graduate study at The University of Michigan, Ann Arbor.

In addition to their participation in committee activities at the M.G.H., members of the Dietary Staff and the Dietetic Interns have been prominent in both state and national dietetic association projects. The 49th Annual Meeting of The American Dietetic Association met in Boston in October 1966.

The spectrum of dietary services continues to widen. The paradox of increasing specialization in the face of increased need for the dietitian who can give comprehensive service in this diversified profession has been frequently demonstrated through the increasing needs of extended care facilities. There are opportunities unlimited—in each phase of professional emphasis.

LOUISE HATCH
Director, Dietary Department
and Dietetic Internship

Report of the Volunteer Department

A MAJOR achievement during the past year was the steady growing interest of men volunteers. Although the value of men volunteers is most often related to their services to men patients, these volunteers also contribute to the well-being of women and children patients. The Men's Volunteer Group established in 1965 is making good progress. Planned meetings take place three times a year. M.G.H. guest speakers were: Mr. Edmund Mattos, Mr. Joseph Degen, both Assistant Directors, and Chaplain Allan Reed. At this time I would like to make special mention of Mr. Samuel Lehrer, one of the founders of this group whose hobby is photography, for his outstanding contribution in taking seventy-five pictures of our service and for his assistance in editing and narrating them. We were invited by Sister S. M. Fabian from St. Vincent's Hospital, East Melbourne, Australia, to produce these pictures at no expense to our Hospital in the hope that they would be helpful in the establishment of a volunteer program in Australia. Recently we received high praise from Sister Fabian for our part in the success of this venture. Mr. Lehrer also showed color slides of his recent trips to Mexico and Russia at two "Sandwich Cinemas" in the Moseley Auditorium for all personnel.

Many other new areas have developed for volunteer services, such as the ambulatory private laboratory, Medicare Office, patient telephone service, Overnight Ward, and the new information service in the Bulfinch Building, to mention a few. It is interesting to note that six volunteers transferred to full-time paid positions in the Hospital.

The highlight of the annual Volunteer Recognition Tea given by the Trustees and the General Director on December 1, 1966 in Bartlett Hall was the presentation of the fifth annual Jessie Harding Award for Volunteer Service to Miss Adelaide M. Coleman. The citation was read and presented by Mr. Francis C. Gray, President, Board of Trustees. Miss Coleman has worked for the past eight years on Thursday evenings as-

sisting with patient care service, contributing a minimum of three hours in addition to a daytime job of responsibility. She also helped to train new volunteers thus lightening the load of the supervisors in this area. An innovation at the Tea was a hobby exhibition by thirteen volunteers and three staff members of oil paintings, ceramics, needlework, coin and stamp collections, and other arts and crafts which received such acclaim from the record attendance present that we hope to plan another exhibit next year.

This summer eighty-nine new volunteers contributed 5,793 hours of which 1,326 were given in the Coffee Shop; and 26 volunteers were presented the 100-hour American Hospital Association Volunteer Service Pin. The following statistics for the year reveal the number of volunteers who have given over 100 hours of service:

Volunteers	*Hours*
2	1,000
10	500
25	300
95	100

A grand total of 730 volunteers contributed 60,105 hours.

For the sixth consecutive year we have conducted our leadership training course for Directors of Hospital Volunteers and welcomed six students, one of whom was Mr. David L. Ramsay, Director of Volunteers from Calgary General Hospital, Calgary, Alberta, Canada, the first representative from Canada. Other firsts were: from the far west, Mrs. Jean Bawden, Director of Volunteers, Carson Tahoe Hospital, Carson City, Nevada; Mrs. Joyce P. Carroll, R.N., first Director of Volunteer Services, Lakes Region General Hospital, Laconia, New Hampshire; Mrs. Phyllis R. Hollinshead, first Director of Volunteer Service, Winchester Hospital, Winchester, Mass.; Mrs. Gudrun B. Howe, first Director of Volunteers, St. Elizabeth's Hospital, Brighton, Mass.; and Mrs. Elizabeth A. Houlihan, newly appointed Director of Volunteers, Massachusetts Eye and Ear Infirmary, Boston, Mass. Now, more than before, applicants for the course are directors of considerable experience.

Publicity for the course locally came from Channel 2—WGBH-TV in the program "Next Step Careers". Other publicity appeared in the May-June periodical of the Greater New York Hospital Association "News-Notes"; the Catholic Hospital Association of the U.S.A. and Canada; and a feature article appeared in "The Hospital World", St. Louis, Missouri.

At the New England Hospital Assembly in March, 1966 we had our first course exhibit, which was enthusiastically received, depicting the development and progress of the course. Five volunteers helped to staff the booth for four days, from 8:30 a.m. to 4:30 p.m.

It is with deep regret that we record the death of two volunteers who will be sadly missed. Mrs. Edwin F. Cave served the Hospital with untiring energy, loyalty and great joy in her work. She worked as a Red Cross Nurses Aid for seventeen years on the units and in many other areas of the Hospital during her dedicated volunteer career of service for thirty-two years. The sudden and tragic death of a summer volunteer, Robert Timothy Gladwin, age 16, the only child of Mr. and Mrs. Robert Gladwin, was our other loss . Timmy earned his 100-hour American Hospital Association Volunteer Service Pin working in the Coffee Shop. His performance there was of the highest quality and his feeling of concern for others was unusual and inspiring for one so young.

In concluding this, my twelfth report as Director of the Volunteer Department, I wish to record that with the constant encouragement of Dr. Ellsworth Neumann, Administrator, the Staff, and the support of the Advisory Committee to the Volunteer Department under the able chairmanship of Dr. Chester M. Jones, our service continues to be concerned with the changing needs of all people . . . this is traditionally the spirit of the M.G.H. . . . to pursue and achieve the best for our fellow men.

MARY RUTH WOLF
Director
Volunteer Department

Report of the Treadwell Library

THE most outstanding event of the past year was the acceptance by Miss Glee A. Rundgren of the position of Assistant Librarian and Cataloger on the staff of the Treadwell Library. Miss Rundgren attended Coe College for two years and received B.A. (1964) and M.A.L.S. (1965) from the University of Minnesota. The task of revising the Library's card catalog and, concurrently, cataloging new acquisitions and recataloging where necessary the monograph collection, which was begun in 1958 and reported as an "on-going" project in the annual report of the Library for the fiscal year 1957-58, has been Miss Rundgren's chief responsibility. The work has progressed steadily and a great improvement is evident. As a pilot project the Cabot and Evarts collections in the Cabot Memorial Room were completed first. This experience provided the guidelines to be used for the work in the Treadwell collection and catalog.

During the Spring the Library was repainted. All areas, except the Reference Room, now have the Colonial gray walls with white trim and ceilings which especially enhance the beauty of the main Reading Room and give the illusion of more space in the other areas. Drapes were hung at all the windows. A new and more efficient mahogany circulation desk replaced the old one and the bulletin boards were rearranged so that a group of historical pictures could be hung on one wall. In an attempt to overcome the difficulties associated with illegible signatures, plastic borrowers' cards are now being used.

From November 9-12, 1965, the Librarian attended an Institute on Information Retrieval at the Center for Continuation Studies, University of Minnesota. On November 22, 1965, Miss Cole was a member of a panel discussion entitled "Dynamics of Management" presented at the Boston Chapter meeting of the Special Libraries Association at Itek Corporation in Lexington, Mass. Many of the meetings of the Boston Medical Librarians Council held during the past year were devoted to making preparations for the annual meeting of the Medical Library Association which was held June 5-9, 1966, at the

Sheraton-Boston Hotel. Miss Cole was Publicity Committee chairman for this meeting. At the business meeting held on June 7, 1966, she was elected Secretary of the Association. On September 16 and 17 Miss Cole and Miss Maureen T. Nevin, whose chief responsibility is interlibrary loans, attended the 9th annual meeting of the New England Regional Group of the Medical Library Association at Dartmouth College in Hanover, New Hampshire, and also visited the new Dana Biomedical Library at Dartmouth College. An important part of the program was a discussion of interlibrary borrowing and lending.

Visitors to the Treadwell Library during the year included Dr. A. J. Scott and Dr. B. Seneniaty from the Royal Free Hospital, London; Mr. Tabol Raft and children from Leopoldville, Congo; Dr. N. Fubini, Utrecht, Netherlands; and Dr. D. Bénassy, Paris, France. Twenty-five Librarians from various parts of the United States and Canada, who were in Boston for the Medical Library Association meetings, also visited the Treadwell Library.

Staff Publications for the year 1955 were sent to the bindery during the year. Special thanks go to Miss H. Bernice Sweeney, the volunteer who worked so faithfully to get them ready, and to Miss Anne M. Balfour, who did all the necessary typing of the indexes and cards. Mrs. Hiram Crowell continues working, as a volunteer, on the Surgical Fatality Reports. During the year four volumes were bound so that they are in a more convenient form for study.

At present the Treadwell Library has a staff of five full-time and four part-time employees. They include, in addition to Miss Rundgren, Assistant Librarian, Miss Maureen T. Nevin, Senior Office Assistant (interlibrary loans) and the following clerical assistants: Miss Felicia Czabator (circulation and special projects), Miss Sylvia L. Fleming (photocopy and shelving), Miss Anne M. Balfour (Staff Publications and indexing), and night clerks Richard G. Burton and Richard G. Flaherty. Miss Tehrie Holden continues on an "on call" basis for work on a special indexing project. Others who worked in the Library include William F. Buckley, Jr., Miss Sheila M. Keane, John P. Moriarity, Mrs. Helen Compton Nemer, Miss

Mary E. Rolleston, John P. Sisco, Vincent B. Talbot, and Mrs. Judith A. Stewart.

The help and advice of the members of the Treadwell Library Committee, as well as many other members of the Hospital Staff, have been greatly appreciated.

For the many books and serials given to the Library by individuals and the various services, we are grateful. These gifts make it possible for us to have circulating copies of many of the more heavily used serials. This year over 1,300 of those journals which we did not need were sent to other medical libraries through the Medical Library Association Exchange. A list of donors is kept on file in the Library.

The statistics for the year follow.

	1965	*1966*
Number of periodical volumes	17,200	18,185
Number of other volumes	11,060	11,380
Number of publications withdrawn	168	318
Total volumes in the Library	28,092	29,253
Number of pamphlets (approximate)	2,000	2,000
Number of photocopies received from the National Library of Medicine	172	133
Number of pages photocopied in Treadwell	81,295	96,110
Number of items given away to individuals or medical libraries (approximate)	1,200	1,386
Number of periodicals currently received	638*	627**
Number of volumes loaned (books and duplicate bound periodicals)	4,005	4,098
Number of unbound periodicals loaned	1,401	1,213
Total loans	5,406	5,311
Number of items borrowed from other libraries	1,310***	1,087***
Number of items loaned to other libraries	165***	174***
Number of persons using the library during the day	31,108	32,771
Number of persons using the library during the evening	5,978	5,850
Total number using the library	37,086	38,621

GENEVIEVE COLE, *Librarian*
Treadwell Library

*Includes 460 purchased, 103 gifts, and 75 annuals
**Includes 454 purchased, 86 gifts and 87 annuals
***Includes Xerox copies sent in lieu of original periodical

Dalton Scholarships

THE income of this fund, amounting to $1,000 annually, is devoted to investigation in the science of medicine. The rules of the Trustees applicable to it are as follows:

ARTICLE 1. Candidates shall be nominated to the Board of Trustees by the General Executive Committee with their recommendations. They shall be either interns of the General Hospital or graduates of a regular American medical college.

ARTICLE 2. The nature of the work in medical investigation proposed to be prosecuted by each candidate shall be designated by the candidate.

ARTICLE 3. The dates of beginning and ending scholarships, the amounts of the stipends and the conditions of work shall in each case be recommended by the General Executive Committee to the Board of Trustees.

ARTICLE 4. The results of work of scholars shall appertain to the Hospital, and when made public the name of the scholar shall accompany the publication, but no publication shall be made unless approved by the General Executive Committee.

ARTICLE 5. When the income is insufficient, appointments for the year may be omitted.

ARTICLE 6. Any income not used shall be cumulative and not added to the principal.

ARTICLE 7. Scholars shall be eligible for renomination and reappointment.

Further information may be had by applying to the General Director of the Massachusetts General Hospital.

Warren Triennial Prize

THE Warren Triennial Prize was founded by the late Dr. J. Mason Warren in memory of his father, and his will provides that the accumulated interest of the fund shall be awarded every three years to the author of the best dissertation considered worthy of a premium on some subject in Physiology, Surgery, or Pathological Anatomy, the arbitrators being the General Executive Committee of the Massachusetts General Hospital.

In 1968 the prize will be awarded in the form of a lectureship at the Massachusetts General Hospital. The Warren Prize Lecturer, selected for outstanding work in medical science, will be nominated to the Trustees by the General Executive Committee.

The submission of special theses or essays will no longer be required for this competitive prize.

JOHN H. KNOWLES, M.D.
General Director

Statistical and Comparative Tables

Statistical and Comparative Tables

TOTAL EXPENSES

	Service	Out-Patient Department	Private	Semi-Private	Miscellaneous	Total
1957.....	4,476,986.	1,334,795.	1,304,260.	2,934,279.	4,518,960.	14,569,280.
1958.....	5,375,433.	1,483,044.	1,523,384.	3,406,112.	2,378,576.*	14,166,549.
1959.....	5,575,972.	1,605,612.	1,666,735.	3,714,185.	2,794,412.*	15,356,916.
1960.....	6,052,617.	1,739,500.	1,770,265.	4,155,916.	3,501,466.*	17,219,764.
1961.....	5,968,122.	1,701,771.	2,004,181.	4,301,078.	4,247,635.*	18,222,787.
1962.....	7,076,629.	1,889,216.	2,184,933.	4,822,094.	4,781,332.*	20,754,204.
1963.....	7,872,987.	2,068,936.	2,366,081.	5,185,708.	5,394,943.*	22,888,655.
1964**....	8,333,040.	2,185,695.	2,199,693.	6,414,292.	5,804,430.*	24,937,150.
1965.....	9,197,678.	2,228,328.	3,256,218.	6,725,994.	6,375,727.	27,783,945.
1966.....	10,039,745.	2,638,935.	3,640,947.	8,295,387.	6,716,760.	31,331,774.

TOTAL NET EARNINGS

1957.....	2,927,985.	792,358.	1,523,634.	3,423,917.	2,155,307.	10,823,201.
1958.....	3,570,656.	864,742.	1,790,032.	3,897,908.	2,401,304.	12,524,642.
1959.....	3,837,852.	856,443.	1,976,648.	4,508,186.	2,660,813.	13,839,942.
1960.....	4,023,076.	954,376.	2,312,042.	5,012,325.	2,971,008.	15,272,827.
1961.....	4,660,384.	1,032,484.	2,725,019.	5,204,960.	3,385,425.	17,008,272.
1962.....	5,627,922.	1,129,728.	2,870,807.	5,677,968.	3,861,606.	19,168,031.
1963.....	6,104,147.	1,263,055.	3,165,594.	6,392,908.	4,381,790.	21,307,494.
1964**....	6,362,765.	1,181,489.	2,775,466.	7,524,485.	5,265,908.	23,110,113.
1965.....	6,842,522.	1,597,122.	3,804,890.	8,419,026.	5,328,794.	25,992,354.
1966.....	8,120,683.	1,927,309.	4,172,046.	9,869,486.	5,367,090.	29,456,614.

* Research Funds excluded.

**36 Beds Transferred from Private to Semi-Private.

COMBINED CLINICS

	New Cases	Total Number of Visits	Daily Average	Total Number Prescriptions Filled
1957	13,173	211,205*	699+	129,179
1958	12,283	216,216*	716—	129,622
1959	12,491	225,256*	746	133,103
1960	12,442	225,456*	732	139,472
1961	11,996	206,395*	683	136,676
1962	12,336	204,583*	674	151,915
1963	11,736	201,415*	665	151,734
1964	11,762	205,991*	682	141,872
1965	13,498	210,304*	696	157,252
1966	14,218	212,607*	704	168,338

	Cost of Combined O. P. D.	Aver. Cost per Visit in Comb. Depts.	Total Net Receipts	Aver. Net Receipts	M. G. H. Share of Cost	MGH Share of Net Receipts
1957	1,420,258	6.72	806,433	3.82	1,191,370	651,397
1958	1,565,229	7.24	868,250	4.02	1,327,536	710,984
1959	1,704,172	7.57	917,333	4.07	1,454,023	707,470
1960	1,868,276	8.29	1,042,143	4.62	1,592,537	809,164
1961	1,836,817	8.90	1,115,399	5.40	1,543,860	878,732
1962	2,108,132	10.30	1,265,340	6.18	1,753,524	975,063
1963	2,275,392	11.30	1,433,034	7.11	1,912,033	1,108,820
1964	2,419,666	11.75	1,504,526	7.30	2,037,013	1,181,489
1965	2,525,339	12.01	1,929,031	9.17	2,062,474	1,597,122
1966	3,151,428	14.82	2,327,922	10.95	2,638,935	1,927,309

EMERGENCY WARD

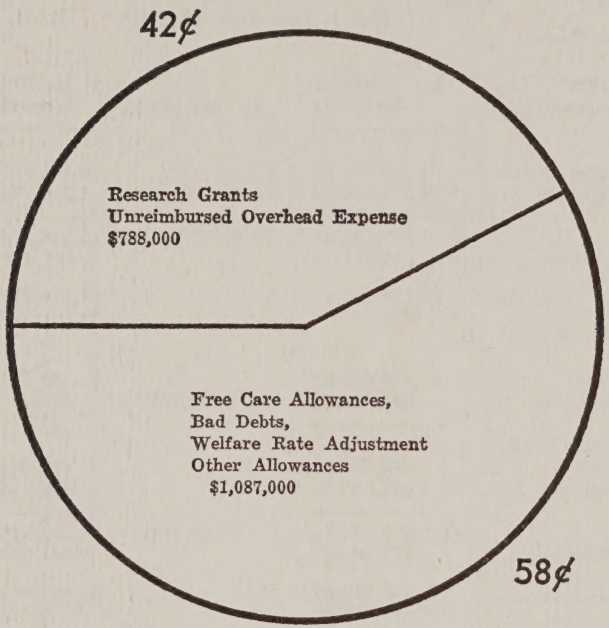
	No. of Patients Treated	Routine Cost	Ancillary Cost	Total Cost	Total Net Receipts
1962	42,792	358,931	153,075	512,006	261,003
1963	47,191	415,352	171,567	586,919	303,040
1964	53,017	451,981	215,045	667,026	362,896
1965	56,073	583,036	230,711	813,747	386,462
1966	58,085	461,521	244,035	705,556	429,499

*Includes Staff and Other — See page 177.

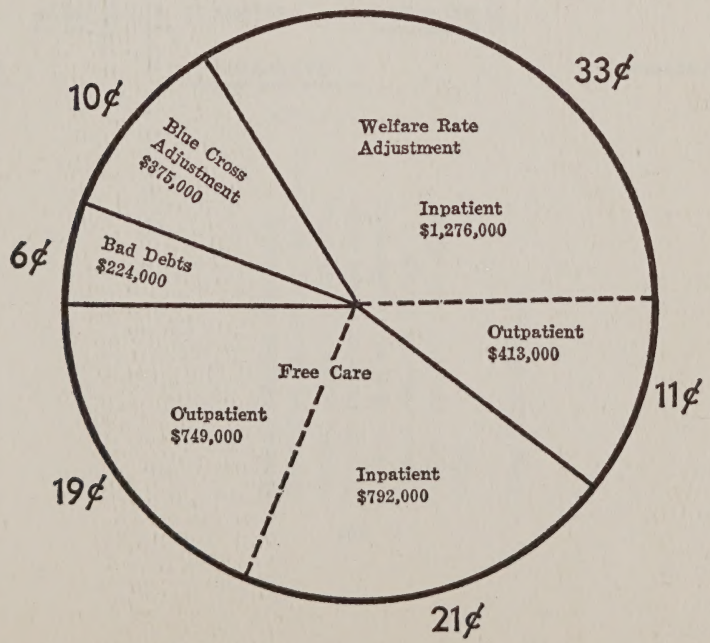
MASSACHUSETTS GENERAL HOSPITAL
Income and Expense Statement
General Fund

Operating Income	*1966*	*1965*
Private Patients	$ 4,272,596	$ 3,966,486
Semi-Private Patients	10,293,978	8,895,841
Ward Patients	10,157,325	9,379,703
Out-Patient Department	2,572,347	2,088,898
Private Ambulatory	1,002,206	926,787
Emergency Ward	698,604	605,694
Total Earnings from Services to Patients	28,997,056	25,863,409
Less: Deductions from Earnings		
Charity Allowance	1,541,186	1,466,431
Other Rebates and Losses	2,064,354	2,477,579
Net Provision for Doubtful Accounts	223,791	165,491
Total Deductions from Earnings	3,829,331	4,109,501
Net Earnings from Services to Patients	25,167,725	21,753,908
Other Income	4,288,890	4,238,446
Total Income	29,456,615	25,992,354
Operating Expenses		
In Patients	21,976,079	19,179,891
Out-Patients	2,349,754	2,062,474
Private Ambulatory	816,542	775,821
Emergency Ward	705,556	813,747
Total Patient Expenses	25,847,931	22,831,933
Add: Other Expense (Including Indirect Cost of Research	5,483,844	4,940,417
Total Expenses	31,331,775	27,772,350
Net Deficit	1,875,160	1,779,996
Available from Treasurer for Expenses at Hospital	1,811,863	1,704,693
Final Defiit—Withdrawn from General Fund Principal	63,297	75,033

THE OPERATING LOSS DOLLAR
$1,875,000



FREE CARE AND WELFARE ADJUSTMENT DOLLAR
$3,829,000



MASSACHUSETTS GENERAL HOSPITAL

Statement of Fund Expenditures

	Oct. 1, 1965-Sept. 30, 1966		*Oct. 1, 1964-Sept. 30, 1965*	
Research Fund Expenditures				
Contract				
Salaries and Wages	$ 78,944.92		$ 168,078.90	
Supplies and Expenses	84,304.93	$ 163,249.85	224,966.20	$ 393,045.10
Gifts and Grants				
Salaries and Wages	4,829,432.41		4,471,076.30	
Supplies and Expenses	4,273,671.60		4,025,098.36	
	9,103,104.01	9,103,104.01	8,496,174.66	8,496,174.66
Miscellaneous Income	(25,611.24)		(42,742.76)	
Net Expenses	$9,128,715.25		$8,538,917.42	
Other Fund Expenditures				
Contract				
Salaries and Wages	$ 538,452.92		$ 389,192.30	
Supplies and Expenses	891,420.62	1,429,873.54	649,093.17	1,038,285.47
Other Special Purpose Funds				
Salaries and Wages	488,461.02		412,681.65	
Supplies and Expenses	1,081,357.29		636,954.06	
	1,569,818.31	1,569,818.31	1,049,635.71	1,049,635.71
Miscellaneous Income	913,285.42		641,639.01	
Net Expenses	$ 656,532.89		$ 407,996.70	
MGH Surgical Associates				
Salaries and Wages	$1,112,014.30		$ 924,674.85	
Supplies and Expenses	285,853.22		323,834.00	
	$1,397,867.52	1,397,867.52	$1,248,508.85	1,248,508.85
Total Fund Expenditures		$13,663,913.23		$12,225,649.79

MASSACHUSETTS GENERAL HOSPITAL

Statement of Stock on Hand September 30, 1966 and September 30, 1965

	Sept. 30 1966	*Sept. 30 1965*
General Hospital Apothecary Out-Patient Department Apothecary	$ 548,183.29	$ 537,484.86
General Hospital Upper Store	223,160.71	205,427.82
General Hospital Lower Store	24,990.15	17,685.89
General Hospital Maintenance	114,178.98	76,579.04
General Hospital Postage	725.42	1,106.15
General Hospital Print Shop	3,420.11	2,433.25
Other	206,716.06	173,378.56
Total Stock on Hand	$1,121,374.72	$1,014,095.57

SERVICE IN-PATIENT STATISTICS
FOR THE YEARS 1957-1966

	No. Patients Admitted	Average No. of Patients Per Day	No. of Beds Available	Percentage of Beds Occupied	Patient Days	Average Stay in Hospital	Number of Operations	Deaths		
								Total Number	% of Admissions	Autopsies
1957	11,734	367	454	83.1	133,521	12—	7,745	778	6.63	67%
1958	11,890	388	454	86.9	141,371	12—	6,991	866	7.28	64%
1959	11,954	390	454	86	142,097	12—	7,098	784	6.56	67%
1960	11,547	361	459	78.7	134,047	11+	7,015	843	7.30	63%
1961	11,607	381	459	83	138,687	12—	7,613	784	6.75	68%
1962	13,598	408	465	78	148,424	11—	7,667	934	6.87	66%
1963	14,461	413	501	82	150,650	10+	8,353	982	6.79	62%
1964	13,850	408	508	80	149,458	11—	8,546	874	6.31	62%
1965	12,502	405	510	79	147,835	12—	8,601	861	6.89	62%
1966	12,235	412	528	78	150,328	12+	8,751	891	7.28	58%

Total number of patients admitted to General Hospital from the year 1821 — 651,516.

Private pediatric patients included in service category since 1962.

SEMI-PRIVATE IN-PATIENT STATISTICS
FOR THE YEARS 1957-1966

1957	9,086	282	338	80.4	102,738	11+	4,954	268	2.94	63%
1958	9,296	292	311	91.2	106,450	11+	4,851	279	3.00	68%
1959	10,105	309	339	91.1	112,351	10+	4,215	316	3.13	57%
1960	10,546	321	340	94.4	119,167	11+	5,359	354	3.36	67%
1961	10,689	334	340	98.4	116,932	11+	5,459	369	3.45	69%
1962	9,714	328	330	99	119,486	12+	6,075	384	3.95	71%
1963	9,934	347	336	103	126,525	13—	6,229	404	4.07	77%
1964	10,041	358	338	106	131,094	13—	6,831	393	3.91	75%
1965	11,412	385	339	113	140,456	12+	6,634	438	3.84	64%
1966	11,671	419	389	107	152,823	13	6,596	458	3.92	64%

Total number of patients admitted to Baker Memorial from the year 1930 — 265,570.

PRIVATE IN-PATIENT STATISTICS
FOR THE YEARS 1957-1966

1957	2,878	101	115	88.5	36,909	12+	1,386	75	2.96	69%
1958	3,053	100	122	77.7	36,396	12+	1,192	93	3.05	83%
1959	3,275	115	134	85.7	41,784	12—	1,366	93	2.84	69%
1960	3,517	110	132	83.6	40,924	12—	1,487	100	2.84	70%
1961	3,803	118	159	74.1	42,429	11+	1,467	115	3.02	73%
1962	4,274	129	170	76	46,996	11—	1,556	122	2.85	70%
1963	4,407	148	162	91	54,047	12+	1,612	121	2.75	65%
1964	4,716	158	168	94	57,692	12+	1,684	153	3.24	66%
1965	4,764	165	168	98	60,332	13—	1,699	146	3.06	70%
1966	4,421	167	149	112	60,776	14—	1,730	156	3.53	66%

Total number of patients admitted to Phillips House from the year 1917 — 173,586.

COMBINED M.G.H AND EYE & EAR CLINICS

	New Patients		Subsequent Visits	
	1966	*1965*	*1966*	*1965*
Admitting Physician	1,044	819	2,601	1,971
Medicine	435	463	20,176	20,554
Alcohol	380	481	2,977	3,668
Allergy	109	29	4,082	4,847
Anemia	—	—	—	—
Hematology	1	—	749	697
Arthritis	3	5	1,551	1,588
Diabetes	—	—	2,204	2,610
Gastro-Intestinal	1	3	1,265	1,245
Cardiac	83	25	1,726	1,650
Hypertension	—	—	598	850
Nutrition	—	—	3,260	3,119
Ovarian Dysfunction	—	7	—	93
Podiatry	—	2	1,979	2,095
Pulmonary	99	1	680	510
Rheumatic Fever	—	—	—	—
Thyroid	—	—	3,370	3,294
Dermatology	760	744	7,128	6,731
Syphilis	111	94	1,306	1,229
Neurology	208	176	6,264	6,068
Language	—	5	5,756	4,523
Psychiatry	389	436	8,155	7,883
Child Psychiatry	18	29	2,263	1,830
Children's Medicine	1,244	1,209	9,920	7,797
Adolescent Endocrine	2	18	468	907
Surgery	328	355	11,599	12,102
Amputation Clinic	36	20	364	252
Amputation Rounds	31	24	159	200
Fracture	2	6	4,046	4,102
Hand	7	12	252	130
Plastic Surgery	17	12	729	702
Neurosurgical	15	13	935	857
Vascular Surgery	2	1	648	704
Gynecology	250	206	4,174	3,857
Orthopedic Surgery	257	289	6,689	6,671
Urology	242	168	5,700	5,423
Dentistry	447	525	3,824	4,373
Tumor	158	165	7,844	8,050
Rehabilitation	—	1	305	248
General Hospital Clinics	6,679	6,343	135,746	133,430
General Hospital Totals	6,679	6,343	135,746	133,430
Ear, Nose and Throat	2,863	2,971	15,394	18,463
Eye	4,676	4,184	47,249	44,913
Eye & Ear Infirmary Totals	7,539	7,155	62,643	63,376
Combined Out-Patient Department Totals	14,218	13,498	198,389	196,806

	1966	*1965*
Total Attendance	212,607	210,304

RADIOLOGICAL DEPARTMENT

General Hospital	*1966*	*1965*
House Patients Examined	19,195	18,570
Out-Patient Department patients examined	14,588	14,429
Emergency Ward patients examined	1,057	1,090
Staff and Others	3,599	3,517
Total number patients examined	38,439	37,606
X-Ray treatments given (Inc. Baker & Phillips House)	*33,082	†29,738
Number of examinations	49,434	48,044
Total number of examinations and treatments	82,516	77,782
Emergency Ward Unit		
Emergency Ward Patients Examined	18,962	17,556
House Patients Examined	7,953	7,761
Staff and Other	145	133
Total Number of Patients Examined	27,060	25,450
Number of Examinations	39,295	36,519
Total Number of Examinations	39,295	36,519
Phillips House		
Hospital patients examined	6,871	6,857
Total number of Examinations	6,871	6,857
Number of examinations	10,665	10,607
Total number of examinations	10,665	10,607
Baker Memorial		
House patients examined	32,166	28,679
Total number patients examined	32,166	28,679
Number of examinations	45,971	42,714
Total number of examinations	45,971	42,714
Entire Hospital (Combined Statistics)		
Total number patients examined	104,536	98,592
Total number patients treated	1,798	1,883
Total number patients examined and treated	106,334	100,475
Total number examinations	145,365	137,884
Total number treatments and observations	32,881	29,568
Total number of radium & isotopes treatments	201	170
Total number examinations, treatments and observations, radium & isotopes	178,447	167,622

†Includes 170 Radium Isotopes Cases
*Includes 201 Radium Isotopes Cases

PHYSICAL MEDICINE DEPARTMENT

Physical Therapy

Treatments given:	*1966*	*1965*
Out-Patient	3,401	2,982
General Hospital (Including Eye and Ear Infirmary)	13,796	13,804
Phillips House	3,560	2,525
Baker Memorial	8,662	7,509
Private Ambulatory Patients	8,346	8,717
Total Treatments given	37,765	35,537

Report of the Treasurer

In accordance with Article 5. of the By-Laws, the Annual Report of the Treasurer for the fiscal year ending September 30, 1966, approved by Patterson, Teele & Dennis, Auditors, is respectfully submitted.

THE MASSACHUSETTS GENERAL HOSPITAL
CONDENSED YEAR-END BALANCE SHEET

	Sept. 30, 1966	*Sept. 30, 1965*
ASSETS		
CASH	$ 2,786,930.68	$ 3,520,426.41
TIME DEPOSITS	1,600,000.00	1,100,000.00
INVESTMENTS		
Bonds	21,177,470.06	22,150,726.51
Stocks	22,560,559.02	22,824,772.03
Notes and Commercial Paper	3,555,109.22	1,903,806.08
Real Estate	250,419.45	180,470.28
ACCOUNTS RECEIVABLE—PATIENTS AND OTHERS (Less allowance for Doubtful Accounts)	7,983,947.04	6,634,392.10
NOTES RECEIVABLE	559,958.36	604,836.64
INVENTORY OF SUPPLIES (AT ESTIMATED COST)	1,186,181.63	1,073,562.53
PREPAID ITEMS	63,182.41	66,968.41
INTEREST IN UNSETTLED ESTATES, ETC.	10.00	10.00
PLANT — LESS DEPRECIATION	32,314,185.61	28,116,763.69
CONSTRUCTION IN PROGRESS	4,344,826.15	2,722,714.26
TOTAL	$98,382,779.63	$90,899,448.94
LIABILITIES		
Accounts Payable and Accruals	$ 1,951,289.74	$ 1,671,601.94
Pension Reserves	728,391.43	646,533.71
W.C.A. RESERVES	314,988.44	256,273.79
GENERAL FUND		
Treasurer's Account	(1,115,420.19)	658,959.31
Director's Account	7,122,606.69	6,822,454.27
GENERAL HOSPITAL ENDOWMENT FUNDS		
Unrestricted as to Income	5,297,086.07	5,290,144.11
Restricted as to Income	19,077,057.57	18,756,759.82
McLEAN HOSPITAL FUNDS		
General Fund		
Treasurer's Account	(287,543.87)	(116,965.43)
Director's Account	472,356.31	553,451.20
Endowment Funds	832,367.51	827,463.37
BUILDING FUNDS	8,744,368.29	7,470,962.69
FIDUCIARY FUNDS	706,036.29	635,617.77
FUNDS INVESTED IN PLANT	32,314,185.61	28,116,763.69
TEMPORARY FUNDS		
General Hospital	4,784,682.96	4,281,666.33
McLean Hospital	171,127.66	70,865.24
Fiduciary	17,423.87	15,196.01
GENERAL INVESTMENT PROFIT AND LOSS ACCOUNT	17,251,775.25	14,941,701.12
TOTAL	$98,382,779.63	$90,899,448.94

THE MASSACHUSETTS GENERAL HOSPITAL

GENERAL HOSPITAL

CONDENSED INCOME STATEMENT

(For fiscal year ending September 30)

	1965-66	*1964-65*
TREASURER'S RECEIPTS		
GIFTS		
Unrestricted	$ 224,727.00	$ 223,176.00
Annual Free Beds	100.00	1,200.00
Restricted	9,746,352.54	6,792,742.87
	$ 9,971,179.54*	$ 7,017,118.87*
INCOME FROM INVESTMENTS		
Unrestricted	$ 444,167.33	$ 441,502.53
Restricted	1,521,205.74	1,411,367.25
	$ 1,965,373.07	$ 1,852,869.78
OTHER INCOME		
From Trusts and Agents	$ 14,551.07	$ 13,913.83
Contributions for Connecting Building	11,109.12	11,336.04
Huntington Memorial Hospital	29,870.91	28,559.24
Miscellaneous Receipts	2,055,278.32	1,567,283.28
	$ 2,110,809.42	$ 1,621,092.39
TOTAL	$14,047,362.03	$10,491,081.04
RESTRICTED INCOME NOT APPLIED	503,016.63	(1,557,603.63)
	$13,544,345.40	$12,048,684.67
PAYMENTS FROM INCOME		
Added to Principal	$ 84,056.54	$ 57,590.32
Treasurer's Payments from Funds and Miscellaneous	465,310.00	90,708.73
	$ 549,366.54	$ 148,299.05
TREASURER'S BALANCE AVAILABLE FOR EXPENSES AT HOSPITAL	$12,994,978.86	$11,900,385.62
HOSPITAL EXCESS OF EXPENSES	13,058,275.49	11,975,418.19
DEFICIT—WITHDRAWN FROM GENERAL FUND PRINCIPAL	$ 63,296.63	$ 75,032.57

* Includes United Community Services Allocation of $224,577.00 for 1965-66, and $222,443.00 for 1964-65.

THE MASSACHUSETTS GENERAL HOSPITAL
McLEAN HOSPITAL
CONDENSED INCOME STATEMENT
(For fiscal year ending September 30)

	1965-66	*1964-65*
TREASURER'S RECEIPTS		
GIFTS		
Unrestricted	$ 18,885.50	$ 1,121.25
Restricted	899,957.30	494,635.98
	$ 918,842.80*	$ 495,757.23*
INCOME FROM INVESTMENTS		
Unrestricted	$ 15,323.89	$ 14,346.72
Restricted	60,945.11	49,419.98
	$ 76,269.00	$ 63,766.70
OTHER INCOME		
From Trusts and Agents	$ 6,850.00	$ 6,675.00
Miscellaneous Receipts	432.00	2,148.80
	$ 7,282.00	$ 8,823.80
TOTAL	$1,002,393.80	$ 568,347.73
RESTRICTED INCOME NOT APPLIED	100,262.42	(212,271.36)
	$ 902,131.38	$ 780,619.09
PAYMENTS FROM INCOME		
Added to Principal	$ 5,656.61	$ 4,574.49
Expenses Paid from Funds and Miscellaneous	0	134.01
	$ 5,656.61	$ 4,708.50
TREASURER'S NET RECEIPTS	$ 896,474.77	$ 775,910.59
HOSPITAL EXCESS OF EXPENSES	873,997.87	853,390.83
GAIN ADDED TO GENERAL FUND PRINCIPAL	$ 22,476.90	$ (77,480.24)

* Includes United Community Services Allocation of $18,501.00 for 1965-66 and $12,676.00 for 1964-65.

GENERAL FUND

FOR ANY HOSPITAL PURPOSE	$ (1,115,420.19)

GENERAL HOSPITAL FUNDS

	Principal
FLORENCE M. AGOOS MEMORIAL FUND For developing and furthering medical research and scientific medical knowledge through research and teaching. Bequest of Solomon Agoos	$10,000.00
THE FULLER ALBRIGHT FELLOWSHIP FUND Income to support a senior Fellowship in the Neurology Service.	24,133.69
THE ARTHUR W. ALLEN RESIDENTS' TEACHING FUND Under the direction of the Chief of the Surgical Service.	11,615.78
PHILIP R. AND ANNE L. ALLEN ENDOWMENT FUND Income for any Hospital Purpose.	80,283.00
THE LARZ ANDERSON FUND For the benefit of the Arthritic Outpatient Department.	78,241.32
ANESTHESIA FUND Income to be used to supply laboratory facilities or such other advantages as the Trustees may determine for the Chief of the Anesthesia Department.	134,770.77
MARTHA B. ANGELL FUND For medical and surgical experimentation on animals to the end of saving human lives.	34,040.82
ARCHIVES, PICTURES AND HISTORICAL RELICS FUND The income of which shall be used for the continuous and better care of hospital archives, pictures and historical relics pertaining to both the General Hospital and the McLean Hospital.	8,147.25
JOHN ASHTON FUND For diseased and wounded soldiers.	38,122.94
THE JOSEPH C. AUB FUND Income to be spent for Cancer Investigation.	22,450.66
BAKER MEMORIAL FUND For the Baker Memorial. Sundry Bequests.	108,468.61

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
BAKER MEMORIAL ASSISTANCE FUND ..... Income to help pay the hospital expenses of such individual patients of small means as are believed to have incurred hospital expenses greater than they anticipated at the time of entering the Hospital,—but not limited to such cases. Disbursements to be made on recommendation of staff member in charge of patient approved by Committee designated in will. Income may also be used to purchase apparatus suitable for handling fractures and operations.	$10,163.70
GERARDO M. AND LILLIAN DOBIE BALBONI MEMORIAL FUND ..... Income for a Free Bed or for any other purpose the Trustees of the Hospital may think best.	38,889.37
THE JOSEPH S. BARR MEMORIAL FUND For Research and Teaching under the direction of the Chief of the Orthopedic Service.	31,263.53
ARTHUR W. BLAKE FUND ..... Income for the study and cure of nervous diseases.	25,000.00
THE EDWARD F. BLAND FUND ..... Income to be used for the furtherance of cardiac research and related activities.	98,423.57
GEORGE WASHINGTON WALES BREWSTER MEMORIAL FUND ..... Income for any Hospital purpose.	6,289.02
ANNIE BOLTON MATTHEWS BRYANT FUND ..... Income for the benefit of people with moderate means for the establishment of free beds if the management believes it advisable, otherwise for general use.	72,093.70
ARTHUR TRACY CABOT FUND ..... Income for support of laboratories.	20,000.00
RICHARD C. CABOT FUND ..... For educational purposes in connection with the work of the Social Service Department.	50,255.02
RICHARD C. CABOT MEDICAL SOCIAL LIBRARY FUND ..... Income "to be used for the purchase of books for the Social Service Library under the direction of Chief of Social Service." Gift of American Association of Hospital Social Workers.	1,010.00
SAMUEL CABOT FUND FOR PATHOLOGICAL INVESTIGATION ..... Income for salary of Surgical Pathologist. Gift of Samuel and Dr. Arthur T. Cabot.	10,000.00

GENERAL HOSPITAL FUNDS (Continued)

	Principal
CANCER RESEARCH ENDOWMENT FUND For Research in Cancer.	$ 337,807.96
THE IDA M. CANNON MEMORIAL FUND Income to be spent for Social Service in medical care under the direction of the Advisory Committee to the Social Service Department.	20,716.42
EDWIN F. CAVE TRAVELING FELLOWSHIP FUND Income for post-training travel for residents of the Orthopedic Surgery Service.	52,714.13
MASSACHUSETTS GENERAL HOSPITAL CHAPEL FUND Gifts of "Friends of the Hospital".	6,963.48
MASSACHUSETTS GENERAL HOSPITAL ENDOWMENT FUND FOR THE STUDY OF CHRONIC DISEASES Fund raised by Dr. Walter Bauer, Chief of the Medical Service and James Jackson Professor of Clinical Medicine 1951-64, income to be used for research work on chronic diseases, in the Medical Department.	934,239.18
CLINICAL LABORATORY FUND Income for Clinical Laboratory. Bequest of Mrs. Grace M. Kuhn.	10,000.00
CONNECTING BUILDING FUND Income for Connecting Building.	10,000.00
CONVALESCENT HOSPITAL FUND For the Convalescent Hospital	233,838.38
WILLIAM C. AND JESSIE B. COX SCHOLARSHIP FUND Income for scholarships and other aid for student nurses in the M.G.H. School of Nursing.	160,853.08
LORETTA JOY CUMMINS FUND For general purposes of the Hospital, but preferably for the Skin Department.	36,452.43
THE CUSHMAN FUND Income for the Social Service of the Hospital. Gift of Mrs. Charles F. Cushman.	10,000.00
MIRIAM F. AND ADELINE F. CUTTER FUND "To be used for women in illness especially the aged who have been accustomed to gentle care."	10,000.00
CAROLINE ENGSTROM DAHL FUND Income to be used for maintenance of the Research Building; principal expendable within the intent of the bequest at the discretion of the Trustees. Bequest of Mr. Richard Engstrom.	101,170.00

GENERAL HOSPITAL FUNDS (Continued)

	Principal
JOHN CALL DALTON AND EDWARD BARRY DALTON FUND Income for investigation in the science of medicine.	$35,500.00
CHESTER H. DAVIS FUND Income for "the care, maintenance and medical treatment of crippled and deformed white children between the ages of six months and ten years."	20,000.00
DR. WALTER J. DODD MEMORIAL FUND Income for X-Ray investigation.	32,470.41
THE BESSIE ROCHESTER EDWARDS MEMORIAL FUND Income for the care and treatment of men who have served or are serving in the armed forces of the United States of America. Gifts of Trustees of The Bessie Rochester Edwards Memorial Foundation ..... $55,914.20 Disabled Ex-Servicemen's Exchange, Inc. 10,250.16	66,164.36
EDWARDS MEMORIAL FUND Until such time as the Trustees of the Hospital shall direct otherwise, the income on $100,000 to be used in such manner as said Trustees may deem proper for medical or surgical research.	406,547.56
JOHN W. ELLIOT FUND Income for investigation in the science of medicine, preferably in the Surgical Department. The income may be used for other purposes in case there is no further demand in this direction.	20,114.22
ISABELLA H. ELLISON FUND Income for the general purposes of the Baker Memorial.	89,753.16
SARAH POTTER EVARTS FUND For psychiatric work. Gifts of Mrs. Prescott Evarts and Dr. Helen W. Evarts.	1,398.42
THE EYEGLASS FUND For children that are needy and do not come under any other fund. The age to cover children from kindergarten through sixth grade only—preferably for West End children.	2,282.00

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
FRANCES FAY AND ARTHUR KELSEY FAY MEMORIAL FUND ..... Income primarily for care and treatment of persons suffering from or threatened with chronic epilepsy in cases requiring special study. Gift and bequest of James H. Fay.	$ 25,000.00
EDITH S. AND FRANCES B. FISHER MEMORIAL FUND ..... To be used both as to principal and any income to purchase therapeutic appliances for needy crippled or deformed patients as directed by the Social Service Department.	80,000.00
THE NANCY M. FRASER MEMORIAL FUND Income for scholarships to some deserving students in the School of Nursing.	5,680.00
FREE BED FUNDS ..... Income for Free Beds. Sundry Gifts and Bequests.	4,593,516.40
GENERAL SURGERY FUND ..... Income to be used for general surgery purposes under the direction of the Chief of General Surgery. Principal expendable in need.	50,996.32
MRS. JOHN CHIPMAN GRAY FUND ..... For the purchase of books in foreign languages for the use of patients.	1,000.00
ALLAN W. HAMILTON FUND ..... For medical services in the Outpatient Department.	2,027.03
ABIGAIL R. HAZELTINE FUND ..... Income unrestricted until the establishment of a cancer or incurable ward, then to the maintenance of same; principal may be applied toward a building for this purpose. Bequest of Miss Harriet S. Hazeltine.	10,000.00
THE WILLIAM HILTON FUND ..... "To be invested as a separate fund, and called 'The William Hilton Fund,' the income thereof to be applied for the support of free beds or otherwise, as the trustees shall from time to time deem best, for the poor suffering from disease or injuries."	50,053.58
CHARLES W. HOLTZER FUND ..... Income for general research work.	41,666.67
INCOME UNRESTRICTED FUNDS ..... Income for any Hospital purpose. Sundry Gifts and Bequests.	4,662,721.04

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
JAMES MARSH JACKSON MEMORIAL FUND Income for occupational work or for general purposes. Gift through Trustees of the James Marsh Jackson Memorial Fund.	$ 25,797.20
THE CHESTER MORSE JONES HOUSE STAFF EDUCATIONAL FUND ..... Income only to be spent to increase the educational opportunities for the House Staff through contact with eminent men in the field of medicine either at the Hospital or away.	50,000.00
DANIEL FISKE JONES MEMORIAL FUND .... Income to extend and improve the education of surgical residents and interns.	19,113.99
THE PHILIP C. JOSLIN MEMORIAL FUND Income for research in Parkinson's Disease.	5,827.99
THE VARAZTED H. KAZANJIAN FUND .... For rehabilitation through plastic and reconstructive surgery.	10,000.00
CATHERINE PEIRCE KELLEY FUND ..... Income for support and maintenance of a Free Bed for Women . . . aiding those who are most in need of aid. Bequest of Miss Grace Fletcher Kelley.	44,000.00
THE JOSEPH P. KENNEDY, JR. LABORATORIES FUND ..... To bring to the Laboratories the best possible Research men with an interest in mental retardation.	500,000.00
MARGERY AMORY KETCHUM MEMORIAL FUND ..... Income only to be spent on Cancer Research u/d of Dr. Joseph C. Aub so long as he is actively connected with the Hospital; thereafter for cancer research at the discretion of the Trustees.	31,794.14
EMMA GILDERSLEEVE LANE FUND ..... For cancer research, "preferring but not requiring that this legacy be kept as capital and only its income used for research in cancer."	20,000.00
THE ISABEL FABYAN LOMBARD FUND .... For the comfort and/or entertainment of Nurses in the Hospital.	5,000.00
THE JOHN R. MACOMBER QUADRANGLE FUND ..... Income for the maintenance of the Macomber Quadrangle.	5,000.00

GENERAL HOSPITAL FUNDS (Continued)

	Principal
THE MALLINCKRODT FUND ..... Income only to be used for the support of the Mallinckrodt Ward (Ward 4) with limited discretion to the Trustees in case this support is no longer needed.	$ 573,064.63
THE FRANCIS COGSWELL MANNING FUND Income for research work under the direction of Chief of the Medical Service.	10,190.00
THE CAPTAIN MARTELL FUND ..... "The interest to be used for the annual purchase of a book or books for the Warren Library, these books to be seafaring stories with the story of Captain Martell pasted on the inside cover of each one."	121.36
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING GRADUATE NURSES SCHOLARSHIP FUND ..... Income for Graduate Nurse Scholarships. Gift of Miss Annabella McCrae.	516.75
JAMES HOWARD MEANS FUND ..... To be used under the direction of the Chief of Medical Service primarily towards bringing to the Hospital on a pro tempore basis physicians or other prominent persons whose presence will aid and advance the work of the Medical Service.	30,150.00
JAMES C. MELVIN FUND ..... Subject to certain annuities, income for any purpose of the Corporation, with nonobligatory suggestion for increasing medical knowledge, assisting persons particularly the young who have had hospital treatment, bettering treatment in country districts and co-operating with the Trustees under the Will of James C. Melvin. Bequest of Mrs. Clara M. Melvin.	671,811.13
MEMORIAL FUND TO THE DOCTORS AND NURSES WHO DIED IN THE WAR OF 1917-18 ..... Income for the general purposes of the Hospital, but preferably for free care of patients. Gift of Base Hospital No. 6 Fund through the Ladies' Visiting Committee.	6,189.47
ALBERT G. MITCHELL FREE BED FUND .... Income for the treatment of cancer with nonobligatory suggestion that use of the bed be given to members of the Department of Music in the Boston Public Schools, or otherwise for the use of the teachers of said schools.	21,373.77
THE MITTON FUND ..... Income to be used for General Surgery purposes under the direction of Dr. Russell.	59,629.64

GENERAL HOSPITAL FUNDS (Continued)

	Principal
THE MIXTER FUND ". . . the income only to be expended under the direction of Dr. W. Jason Mixter, during his life, and thereafter by the Chief of the Neurosurgical Service."	$ 81,023.44
FORRIS JEWETT MOORE AND EMMA BAKER MOORE FUND Income for Hospital uses for the alleviation of human suffering.	76,143.32
FANNIE EDSON MORRISON FUND "Income . . . for the support of the Social Service Department."	711,320.97
FRANCIS A. NEWELL ENDOWMENT FUND Income to be used "for the most approved method of treating hip disease due to accident in indigent children."	50,000.00
NORTH END DIET KITCHEN RESTRICTED FUNDS "Income to provide diet for the sick poor."	11,366.78
NORTH END DIET KITCHEN UNRESTRICTED FUNDS "To provide diet for the sick poor."	34,716.65
FLORENCE NUTE FUND To be "used on behalf of patients with slender or no means with which to meet Hospital expenses." Bequest of Lewis W. Nute.	68,278.57
DR. ALICE IRENE OUTHOUSE MEMORIAL FUND Income to be used for the purchase of pediatric literature for the Treadwell Library.	530.00
OUTPATIENT DEPARTMENT FUND Income for needy patients.	5,479.71
EMERETTE O. PATCH FUND For the use of the Baker Memorial.	8,240.84
PATHOLOGICAL LABORATORY AND RANDALL FUNDS Income for Pathological Laboratory.	83,875.41
JACOB C. R. PEABODY AND ELSA MASON LORD PEABODY MEMORIAL FUND Income for the Phillips House.	79,855.33
ELIZABETH ANNE PETERSON MEMORIAL FUND Income to further the work of the Neurological Service.	20,678.55
PHILLIPS HOUSE NURSES LOAN FUND Income for loans to Phillips House nurses.	2,190.00

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
MARY GOVE PITMAN FUND FOR UROLOGICAL RESEARCH	$ 21,051.38
Income for investigation— *First*: Of the cause, treatment and prevention of recurrence of urinary stones, and *Second*: Of any other pathological or physiological problems encountered in urological surgery which are deemed worthy of investigation, the decision as to their importance to be made by a Committee appointed by the Trustees of the Hospital.	
JOHN REDMAN FUND	455,113.34
Income for any purpose except erection or repairs of buildings.	
RESEARCH AND TEACHING FUND	242,477.68
Income for research and teaching.	
EDWARD PEIRSON RICHARDSON LECTURESHIP IN MEDICAL SCIENCE	15,000.00
"The income to be used to provide honoraria for lectures by visiting scientists, preferably in subjects relating to surgery—." Gifts of Dr. Richardson's Sons in Memory of their Father.	
JOHN FYFFE RICHARDSON MEMORIAL FUND	29,117.51
Income only to be spent by the Trustees on recommendation of the Chief of the Huntington Memorial Laboratories or the senior cancer investigator preferably for leukemia research or related areas of cancer research. 5% of income to be added to principal each year until the fund reaches $400,000.	
MAURICE HOWE RICHARDSON FUND	40,400.00
Income for surgical research, as recommended by the Chiefs of the General Surgical Staff.	
RICHARDSON TUBERCULOSIS FUND	276,141.63
"For the prevention or cure of tuberculosis." Bequest of Mrs. Mary Rich Richardson.	
THE MARIAN MAHIN ROBB MEMORIAL FUND	6,785.80
Income for Cancer Research.	
ELSIE M. ROBBINS SOCIAL SERVICE FUND	12,814.55
For social service purposes in the Arthritis Clinic.	
WILLIAM MILTON ROSE, M.D., MEMORIAL FUND	44,766.46
Income for the benefit of worthy needy persons.	

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
MARY ELIZABETH SALTONSTALL FUND .... Income for the Social Service of the Hospital, "preference being given for the help and care of little children". Bequest of Philip L. Saltonstall.	$ 5,000.00
MARTHA A. SARGENT FREE BED FUND Income for Free Beds in the Women's Department. Bequest of William A. Sargent.	1,042,816.18
SCHOOL OF NURSING SCHOLARSHIP FUND For scholarships at the School of Nursing.	28,220.49
THE CHARLES L. SCUDDER FUND ..... Income for the Fracture Service. Bequest of Miss Elizabeth M. Garritt.	30,000.00
GEORGE C. AND ANNE H. SHATTUCK FUND ..... Income for music at the General Hospital annually on Christmas Day and Easter Sunday. Surplus income may be used for music on other days, including radio. Gift of Dr. Frederick C. Shattuck.	2,000.00
THE TERRY SHUMAN MEMORIAL FUND Income for additions to the Library of the Neurology Department of books on research, periodicals, reports or publications, etc.	1,520.10
EMMA H. SLADE FUND ..... For any Hospital purpose, but preferably to provide particularly for those in the middle ranks of life who need such care.	10,195.20
SOCIAL SERVICE FUND ..... Income for Social Service.	111,015.15
THE CHARLES CHESLEY SPRINGER FUND "Income for the relief of soldiers, sailors or marines who have been in the military service of the United States and who are residents of Massachusetts, and for the relief of their families. If at any time there should not be any soldiers, sailors, marines or their families requiring such relief, the income may be applied to any of the purposes of the Hospital." Bequest of Miss Mary W. Springer.	345,020.58
STAFF MEMORIAL FUND ..... Income to be expended by direction of the General Executive Committee.	3,811.00
SURGICAL INSTRUMENT FUND ..... Income for special surgical instruments.	6,475.00

GENERAL HOSPITAL FUNDS (Continued)

	Principal
GEORGE N. TALBOT FUND Income for Children's Medical Department as directed by Chief of Service. Bequest of George N. Talbot and Gifts of Dr. Fritz B. Talbot.	$ 19,151.40
MRS. NATHANIEL THAYER FUND Income to be used "preferably for the Social Service Department."	10,000.00
ANNIE A. LONGFELLOW THORP MEMORIAL FUND Income for Warren Library.	3,450.00
THYROID LABORATORY FUND Income only for the Thyroid Laboratory.	4,228.29
TRAINING SCHOOL FOR NURSES FUND Income for Training School for Nurses. Sundry Gifts and Bequests.	40,037.92
TREADWELL LIBRARY FUND Income for the Treadwell Library.	7,555.00
LAWRENCE TUCKER FUND So far as expedient for the treatment and alleviation of venereal diseases, and otherwise for the general purposes of the Hospital.	429,753.01
UROLOGICAL PERIODICALS FUND Income for purchase of urological periodicals for Staff Room of Urological Ward. Gift of Dr. Channing S. Swan.	1,000.00
THE BETH VINCENT FUND Income to be used for research under the direction of the Chief of Surgical Service.	100,938.36
FRANCES KNOWLES WARREN FUND Income for the General Purposes of the Hospital; principal available in emergency. Bequest of Mrs. George E. Warren.	30,000.00
WARREN LIBRARY FUND Income for books for patients. Sundry Gifts and Bequest.	5,067.19
DEPENDENCE S. AND WALTER B. WATERMAN FUND "Income to be applied to the care of those who can pay something but not all." Bequest of Walter Bowen Waterman.	134,573.62
GEORGE ROBERT WHITE FUND To be held as a permanent fund to be known as the George Robert White Fund, the income only to be used first for the maintenance and equipment of the George Robert White Memorial building and second for the general purposes of the Hospital. Bequest of Mrs. Harriet J. Bradbury.	4,119,730.30

GENERAL HOSPITAL FUNDS (Continued)

	Principal
GEORGE ROBERT WHITE FUND ..... "Income for development or maintenance of a department for treatment of diseases of the skin." Bequest of George Robert White.	$ 100,000.00
DR. JAMES C. WHITE NEUROSURGICAL FUND ..... Income to be added to principal until the fund reaches $5,000; thereafter 50% shall be added until the fund reaches $10,000; and thereafter 25% to $50,000. Income not so added to principal to be used in the interest and promotion of neurosurgery under the direction of Dr. James C. White.	1,156.16
GEORGE WIGGLESWORTH FUND ..... Ten per cent of gross income in each year to be added to principal; net income remaining for the general purposes of the Corporation.	59,582.43
WOODEN LEG FUND ..... Income for wooden legs and other devices for diseased and injured legs. Bequest of Nathaniel I. Bowditch $5,000.00 Sundry Gifts 2,600.00	7,600.00
TEMPORARY FUNDS	4,784,682.96
TOTAL GENERAL HOSPITAL FUNDS	$28,946,837.31

BUILDING FUNDS

RADIATION THERAPY UNIT	$ 246,805.94
CHILDREN'S DEPARTMENT CONSTRUCTION	244,429.11
CLINICS BUILDING FUNDS	282,775.88
McLEAN BUILDING FUNDS	29,391.25
150TH ANNIVERSARY FUNDS	389,390.13
SURGICAL AND SPECIAL SERVICES BUILDING FUNDS	6,101,757.27
MISCELLANEOUS FUNDS	1,449,818.71
TOTAL BUILDING FUNDS	$8,744,368.29

McLEAN HOSPITAL FUNDS

	Principal
EDWARD STANLEY ABBOT MEMORIAL FUND For scientific investigation at McLean Hospital.	$ 10,000.00
AMUSEMENT, ENTERTAINMENT OR OCCUPATION FUND Income for amusement, entertainment or occupation of patients.	21,135.00
WENTWORTH HIGGINSON BARNEY FUND Income to be spent at the discretion of the Director.	4,431.46
EMILY H. BOURNE FUND Income for the training of nurses in mental nursing and to aid in the prevention and cure of deafness.	10,000.00
CLINICAL RESEARCH FUND Income for research. Sundry Gifts and Bequests.	86,118.31
THE ISOBEL COLLINS SPECIAL FUND FOR THE LIBRARY OF McLEAN HOSPITAL Income for the purchase of books, music, and other things appropriate to the building up of a musical alcove for the library. Gift of Frank W. Kimball.	1,075.90
COWLES-TUTTLE MEMORIAL ART FUND Income for Art Room.	5,000.00
SAMUEL ELIOT MEMORIAL CHAPEL FUND For maintenance and operation of Chapel.	11,004.84
FREE BED FUNDS Income for Free Beds. Sundry Gifts and Bequests.	356,187.45
GENERAL FUND For any Hospital purpose.	(287,702.04)
INCOME UNRESTRICTED FUNDS Income for any Hospital purpose. Sundry Gifts and Bequests.	171,205.24
ANNABELLA McCRAE SCHOLARSHIP FUND Income for Scholarships for the School of Nursing.	4,154.21
WETHERILL FUND The income only to be used for the Wetherill Awards to graduates of the McLean Hospital School of Nursing. Gift of Dr. E. Stanley Abbott.	2,000.00

McLEAN HOSPITAL FUNDS (Continued)

	PRINCIPAL
MARY JESSIE WILLIS MEMORIAL FUND To establish a free bed in memory of Mary Jessie Willis, to furnish luxuries, comforts and amusements to such insane women patients as may be unable to provide the same for themselves, and generally for the uses of the Hospital. Bequest of Mrs. Frances H. Willis.	$ 24,283.63
E. STANLEY ABBOT FUND ..... Income to be added to principal for 25 years.	125,771.47
TEMPORARY FUNDS	171,127.66
TOTAL McLEAN HOSPITAL FUNDS	$715,793.13

FIDUCIARY FUNDS

BULLARD ANNUITY FUND	$100,000.00
BETTY DUMAINE FUND ..... To be held until accumulated income plus additions reach $100,000, then one-half of income to be added to principal and balance used for such Hospital purposes as Trustees deem best.	4,892.67
FOSTER FAMILY FUND ..... "Income to be used to pay the hospital bills of patients nominated by the donor or his wife. After their decease the power of nomination shall descend in succession to their oldest child living, then grandchild. Thereafter, or in case the line of descent shall cease, the income shall be for the unrestricted uses of the Hospital." Gift of C. H. W. Foster.	15,000.00
THE GEBBIE FUND ..... Income to be added to principal for 10 years.	155,808.90
MABEL HOVEY HARRIS MEMORIAL FUND "In Memory of Mrs. Henry W. Harris" Income to be used at the discretion of the Ladies' Visiting Committee for the benefit of the Hospital and its patients. Gift of Mr. and Mrs. Edwin S. Webster.	5,375.00
SARAH PROCTOR JOSLIN FUND ..... Income to be expended by the Ladies' Visiting Committee for books and other articles.	1,000.00
MARION LEE LAWRENCE MEMORAL FUND Income to be administered by the Ladies' Visiting Committee, or by any subcommittee duly authorized by them, for the benefit of the Hospital and its patients. "Given by Her Family and Friends."	10,943.00

FIDUCIARY FUNDS (Continued)

	Principal
FANNIE NEWELL SIMES FUND	$ 20,000.00
Income payable to a life interest. Gift of Miss Olive Simes.	
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING ENDOWMENT FUND	257,353.31
Income to be used as directed by vote of the Committee created under the Deed of Gift.	
ANNIE NORTON WARD FUND	1,000.00
For charitable purposes connected with the Hospital pursuant to the vote of the Ladies' Visiting Committee.	
WARREN PRIZE FUND	11,889.84
Income for a triennial prize. Bequest of Dr. J. Mason Warren.	
KATHARYN HOYT WATSON FUND	1,000.00
For use of the Ladies' Visiting Committee.	
Temporary Funds	17,423.87
Suspense and Special Funds	4,603.81
TOTAL FIDUCIARY FUNDS	$ 606,290.40

SUMMARY

Principal Funds	$32,924,634.45
Temporary Funds	4,973,234.49
Funds Invested in Plant	32,314.185.61
Director's Accounts	7,594,963.00
	$77,807,017.55
Gain	329,317.22
Funds	$78,136,334.77

Examination of Accounts

January 24, 1967

To the Trustees
The Massachusetts General Hospital
45 Milk Street
Boston, Massachusetts

Sirs:

We have examined the balance sheet of The Massachusetts General Hospital as at September 30, 1966 and the related income statements of the General Hospital and McLean Hospital for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

Under the terms of pension plans adopted by the hospital, the hospital's portion of benefits payable to employees compensated from general operating funds of the hospital will be charged against operations as such benefits are paid. No provision has been made in the accompanying financial statements for the amount of the hospital's liability at September 30, 1966, for service benefits accruing to employees paid from general operating funds.

Subject to the explanation noted above, in our opinion, the accompanying balance sheet and related income statements, with their supporting exhibits, present fairly the financial position of The Massachusetts General Hospital at September 30, 1966 and the results of its operations for the year ended at that date, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

We have made a test check of the charges to income funds for special purposes for the year ended September 30, 1966 (including income arising from principal funds), in respect of the General Hospital and McLean Hospital funds. Based upon such examination and our review of internal control maintained in relation to funds, it is our opinion that charges made against the above-mentioned funds were properly chargeable thereto.

Patterson, Teele & Dennis

GIFTS AND BEQUESTS 1965-1966

GENERAL FUND

FOR ANY HOSPITAL PURPOSE		
Bequests	$ 101,843.43	
Gifts	135,323.55	$237,166.98

GENERAL HOSPITAL FUNDS

Fund No.			
1016	FULLER ALBRIGHT FELLOWSHIP FUND		
	Gifts		$ 50.00
1017	THE ARTHUR W. ALLEN RESIDENTS' TEACHING FUND		
	Gift		2,000.00
1020	ANESTHESIA FUND		
	Gift		16,338.00
1100	BAKER MEMORIAL ASSISTANCE FUND		
	In Memory of Howard S. O. Nichols	$ 10.00	
	Gift	2,000.00	2,010.00
1120	GERARDO M. AND LILLIAN DOBIE BALBONI MEMORIAL FUND		
	In Memory of Dr. Gerardo M. Balboni		687.00
1125	THE JOSEPH S. BARR MEMORIAL FUND		
	Gifts		13,150.31
1143	THE EDWARD F. BLAND FUND		
	Gifts		375.00
1240	CANCER RESEARCH ENDOWMENT FUND		
	In Memory of J. Lothrop Motley		1,202.50
1245	IDA M. CANNON MEMORIAL FUND		
	Gifts		165.00
1248	EDWIN F. CAVE TRAVELING FELLOWSHIP FUND		
	Gifts		2,575.00
1270	MASSACHUSETTS GENERAL HOSPITAL CHAPEL FUND		
	Gift		50.00
1290	MGH ENDOWMENT FUND FOR STUDY OF CHRONIC DISEASES		
	Gift		10,000.00
1332	THE WILLIAM C. AND JESSIE B. COX SCHOLARSHIP FUND		
	Gifts		24,187.71
1340	THE CUSHMAN FUND		
	Bequest of Sally A. Cushman		5,000.00

1410	DR. WALTER JAMES DODD MEMORIAL FUND		
	Gift		$ 100.00
1710	INCOME UNRESTRICTED FUNDS		
	Bequest of Maud E. Appleton	$ 1,442.99	
	Bequest of George F. Blake	5,000.00	6,442.99
1770	DANIEL FISKE JONES MEMORIAL FUND		
	Gift		50.00
1775	THE PHILIP C. JOSLIN MEMORIAL FUND		
	Gifts		35.00
1785	THE VARAZTED H. KAZANJIAN FUND		
	Gift		2,000.00
1800	MARGERY AMORY KETCHUM MEMORIAL FUND		
	Gifts		2,010.00
1940	THE MITTON FUND		
	Gifts		700.00
1950	THE MIXTER FUND		
	In Memory of William S. Matthie	$ 5.00	
	In Memory of Dr. Charles G. Mixter	10.00	
	In Memory of Albert N. Murray	4,150.00	
	Gifts	625.00	4,790.00
2130	OUTPATIENT DEPARTMENT FUND		
	Gift		1,000.00
2260	RESEARCH AND TEACHING FUND		
	Bequest of Amelia L. Sharp	$100,501.84	
	Gift	500.00	101,001.84
2347	THE MARIAN MAHIN ROBB MEMORIAL FUND		
	Gifts		712.94
2401	SCHOOL OF NURSING SCHOLARSHIP FUND		
	In Memory of Mr. Wallace Green	$ 40.00	
	In Memory of Mrs. John W. Keller	113.85	
	Gift	25.00	178.85
2440	TERRY SHUMAN MEMORIAL FUND		
	Gift		50.00
2550	GEORGE N. TALBOT FUND		
	Bequest of Dr. Fritz B. Talbot		5,000.00
2600	THE THYROID LABORATORY FUND		
	Gift		50.00
2800	THE BETH VINCENT FUND		
	Gift		500.00
2815	UNRESTRICTED FREE BED FUND		
	Bequest of Ellen Maud Atherton		20,490.96

2821 HENRY A. BELCHER FREE BED FUND		
Bequest of Hannah B. Belcher		$ 1,034.52
		$223,937.62

BUILDING FUNDS

SURGICAL AND SPECIAL SERVICES BUILDING FUNDS		$986,031.59
MISCELLANEOUS BUILDING FUNDS		
Government Grant	$ 94,024.02	
Gifts	93,156.95	187,180.97
		$1,173,212.56

FIDUCIARY FUNDS

GEBBIE FUND	
Gift	$127,500.00

McLEAN HOSPITAL FUNDS

CHAPEL FUND		
Gift		$ 100.00
GENERAL FUND		
Bequest	$ 62,875.00	
Gifts	5,125.00	68,000.00
McLEAN BUILDING FUNDS		
Gift		25,000.00
		$ 93,100.00
TOTAL PRINCIPAL FUNDS		$1,854,917.16

Income Funds

General Hospital Funds

Treasurer's Funds

ANNUAL FREE BED FUND		
Gift		$ 100.00
CURRRENT EXPENSE FUND		
Bequest of Caroline E. Chickering	$ 14,409.42	
Bequest of James O. Graves	141.65	
Gifts	150.00	
United Community Services	224,577.00	239,278.07
MISCELLANEOUS FUND		
Gifts		177,080.96
		$ 416,459.03

Funds For Special Purposes

Bequests		$ 13,533.16
Gifts		429,092.98
Grants—Government	$8,270,969.55	
Foundations	855,676.85	9,126,646.40
		$ 9,569,272.54

McLEAN HOSPITAL FUNDS

CURRENT EXPENSE FUND		
Gifts	$ 372.50	
United Community Services	18,501.00	$ 18,873.50
FUNDS FOR SPECIAL PURPOSES		
Bequests		6,850.00
Gifts		24,395.25
Grants Government	$ 863,592.21	
Foundations	11,969.84	875,562.05
		$925,680.80
TOTAL INCOME FUNDS		$10,911,412.37
TOTAL PRINCIPAL FUNDS	$ 1,854,917.16	
TOTAL INCOME FUNDS	10,911,412.37	$12,766,329.53

Henry R. Guild
Treasurer

ONE HUNDRED AND FORTY-NINTH

ANNUAL REPORT

OF THE

McLEAN HOSPITAL

A DIVISION OF THE

MASSACHUSETTS GENERAL HOSPITAL

1966

OFFICERS AND STAFF, 1967

BELMONT

MASSACHUSETTS

MASSACHUSETTS GENERAL HOSPITAL

McLEAN HOSPITAL

TRUSTEES 1967

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Phillips Ketchum

President
Francis C. Gray

Vice-President and Treasurer
Henry R. Guild

Secretary and Assistant Treasurer
George S. Weld

1947	John E. Lawrence, Chairman, 177 Milk Street
1935	Francis C. Gray, 10 Post Office Square
1939	Henry R. Guild, 294 Washington Street
1940	Ralph Lowell, 100 Franklin Street
1943	Lloyd D. Brace, 67 Milk Street
1947	*Francis O. Schmitt, Ph.D., Department of Biology, Massachusetts Institute of Technology, Cambridge
1955	Philip H. Theopold, 294 Washington Street
1958	*Sidney R. Rabb, 393 D Street, South Boston
1962	Francis H. Burr, 225 Franklin Street
1963	George Putnam, 265 Franklin Street
1965	*Edward L. Bigelow, 225 Franklin Street

Honorary Trustees

1962	Francis W. Hatch, 2300 Prudential Center
1963	Phillips Ketchum, 294 Washington Street

McLEAN HOSPITAL COMMITTEE

Ralph Lowell, *Chairman*

George Putnam — Sidney R. Rabb

Francis de Marneffe, M.D., *Secretary*

***Appointed by the Governor of the Commonwealth**

Massachusetts General Hospital / McLean Hospital

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William Ehrlich
Alexander Ellis, Jr.

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Peter D. Fuller

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Joseph W. Lund
Arthur T. Lyman

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James Jackson Minot
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Miss Amelia Peabody
Mrs. Sumner Pingree

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Elliot L. Richardson
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Joseph Santosuosso, M.D.
Rt. Rev. Henry K. Sherrill
Alan Steinert
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Raymond S. Stevens
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Thomas C. Thacher
Mrs. Augustus Thorndike
Richard K. Thorndike
Samuel J. Tomasello

John B. Vernaglia, M.D.
F. Frank Vorenberg

Mrs. Edwin S. Webster
Edward A. Weeks, Jr.

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Administrator
Henry J. Langevin, M.S. Psych. Nurs., M.S.H.A., (F) A.C.H.A.

Assistant Administrators
David B. Balise, R.N., M.P.H., (M) A.C.H.A.
Willa F. Pasho, B.S., (N) A.C.H.A.

Executive Assistant
Catherine R. Conroy

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Thomas J. Burley, Comptroller

Activity Therapies
James A. Garland, M.S.S.S.

Building Service
Charles Hillsdale

Dietetics and Food Service
Veda Rochette

Grounds and Transportation
Howard R. Gallant

Laundry
Arnold O. Tompkins

Medical Records
Joan Gratto

Patient Education
John F. Dunn, M.A.

Personnel
John E. Lowe, B.B.A.

Pharmacy
George R. Zager, Reg. Ph., M.S.

Plant and Operations
John B. Larson, B.S.
John J. Blanchard, Assistant

Psychology
Irene Pierce Stiver, Ph.D.

Public Relations
Barbara R. Hopkins, B.A.

Purchasing
Alexander Armour

Social Science
Norman W. Bell, Ph.D.

Social Work
Golda Edinburg, M.S.S.S.

Director of School of Nursing and Nursing Service
Hilda Mertz, M.S.N.

Assistant Director of Nursing Service
Daniel H. Lennox, R.N., M.S. in Nurs. Ed.

Assistant Director of School of Nursing
Mildred C. Makin, R.N., Ed.M.

McLEAN HOSPITAL STAFF AS OF FEBRUARY 1, 1967

Consulting Staff

Stanley Cobb, M.D., *Psychiatrist*
Erich Lindemann, M.D., *Psychiatrist*
Harry C. Solomon, M.D., *Psychiatrist*
Paul D. White, M.D., *Cardiologist*

MEDICAL STAFF

Director

Francis de Marneffe, M.D.

Psychiatrist in Chief

Alfred H. Stanton, M.D.

Associate Director of Clinical Psychiatry

Paul M. Howard, M.D.

Psychiatrists

Edward M. Daniels, M.D.
Stanley H. Eldred, M.D.

Attending Psychiatrists

Morris H. Adler, M.D.
Martin A. Berezin, M.D.
Merton J. Kahne, M.D.
Irving Kaufman, M.D.
Sidney Levin, M.D.
William F. Murphy, M.D.
Henry Wermer, M.D.

Associate Psychiatrists

Jacob Christ, M.D.
Howard T. Hermann, M.D.
Irene Jakab, M.D.
Peter B. Jenney, M.D.
Maria Lorenz, M.D.
Mathew Ross, M.D.
Alan A. Stone, M.D.
Maurice Vanderpol, M.D.
Mark M. Walter, Jr., M.D.
Stephen L. Washburn, M.D.

Associate Attending Psychiatrists

David Blau, M.D.
Arthur J. Cain, M.D.
James A. Haycox, M.D.
Richmond Holder, M.D.
Arnold H. Modell, M.D.
Suzanne T. van Amerongen, M.D.
Norman E. Zinberg, M.D.

Assistant Psychiatrists

Jane Bain, M.D.
Jane M. Berman, M.D.
Irving D. Bornstein, M.D.
Enid Caldwell, M.D.
Roy M. Coleman, M.D.
Paul R. Dinsmore, M.D.
Martin A. Miller, M.D.
Egbert H. Mueller, M.D.
Jalna Ann Perry, M.D.
Michael D. Robbins, M.D.
Phelps M. Robinson, M.D.
Harvey M. Shein, M.D.
Harold W. Williams, M.D.

Assistant Attending Psychiatrists

Barbara L. Aeschliman, M.D.
Ruth B. Beuscher, M.D.
Lloyd M. Caplan, M.D.
Franklin Carter, M.D.
George Chalpin, M.D.
Mignon C. Chasen, M.D.
John G. Clark, Jr., M.D.
Herbert S. Cline, M.D.
Hadassah S. Daniels, M.D.
Edwin M. Davidson, M.D.
Albert H. Feingold, M.D.
Donald J. Fern, M.D.
Bruce W. Fischberg, M.D.
Thomas Frank, M.D.
Sidney Green, M.D.
Raymond M. Greenberg, M.D.
Phillip Isenberg, M.D.
Melvin M. Kayce, M.D.
George B. Lawson, M.D.
John B. Livingstone, M.D.
Richard Sens, M.D.
William D. Temby, M.D.
Robert M. Weiner, M.D.
Ruth S. Weiss, M.D.
Olga S. Wermer, M.D.
Frederic E. Whiskin, M.D.
Edward L. Zarsky, M.D.

Clinical Assistants in Psychiatry

Joseph H. Brenner, M.D.
Richard D. Budson, M.D.
Eda M. Kahana, M.D.
Alexandra (Kail) Rolde, M.D.
John B. Spillane, M.D.
Larry H. Strasburger, M.D.

Clinical Fellows in Psychiatry

Leslie Brooks, M.D.
Anthony Elite, M.D.
Amos Nahor, M.D.
Frank J. Paolitto, M.D.
Mark W. Rhine, M.D.
Dora F. Scaliter, M.D.
Alfredo T. Suescum, M.D.
Robert H. Trivus, M.D.

Resident Psychiatrists

Stephen B. Bernstein, M.D.
John E. Biddinger, M.D.
Daniel Birger, M.D.
Maurice C. Cion, M.D.
N. Scott Craven, M.D.
Woodrow M. Donovan, M.D.
Joseph H. Herzberg, M.D.
Robert P. Hopkins, M.D.
Ronald O. Hurston, M.D.
Robert Leff, M.D.
Matthew E. Levine, M.D.
Hugh J. Lurie, M.D.
Nancy J. McDonnell, M.D.
Michael H. Nelson, M.D.
Robert D. Patterson, M.D.
Fredric J. Phillips, M.D.
David L. Raphling, M.D.
Michael Sperber, M.D
Jerry Wacks, M.D.
Howard J. Weisman, M.D.
Martin Yellen, M.D.
Sheldon D. Zigelbaum, M.D.

Director of Internal Medicine and of Research in Clinical Physiology

Mark D. Altschule, M.D.

Clinical Assistants in Medicine

Hershel Jick, M.D.
Lloyd G. Potter, M.D.
Dennis Slone, M.D.

Assistant Dental Surgeon

William H. Tingey, Jr., D.M.D.

Associate Neurologist

Pierre M. Dreyfus, M.D.

Radiologist

Majic S. Potsaid, M.D.

Consultant in Electroencephalography

John A. Abbott, M.D.

RESEARCH LABORATORY STAFF

Director of Scientific Research
Jordi Folch-Pi, M.D.

Advisory Committee to Director of Scientific Research
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Elkan Blout, Ph.D.
Fritz A. Lipman, M.D.
Rafael Lorente de No, M.D.
Donald D. Van Slyke, Ph.D.
Alfred H. Stanton, M.D., *ex-officio*

Neuropathologist
Alfred Pope, M.D.

Associate Neuropathologist
Helen H. Hess, M.D.

Associate Biochemists
George Hauser, Ph.D.
Marjorie B. Lees, Ph.D.
Lewis C. Mokrasch, Ph.D.
Pierre J. Stoffyn, Ph.D.

Assistant Biochemists
Joseph Eichberg, Jr., Ph.D.
Michael J. Malone, M.D.
Anne Marie Stoffyn, Ph.D.

Research Fellows in Neuropathology
Norman H. Bass, M.D.
Raymond J. Lasek, Ph.D.

Research Fellows in Biochemistry
Francisco Gonzalez (Sastre), M.D.
Kohei Hayashi, M.D.
Afzal A. Khan, Ph.D.
Jorge Alberto Leston, M.D.

Research Fellow in Biophysics
Camillo Peracchia, M.D.

DEPARTMENT OF ACTIVITY THERAPIES

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James A. Garland, M.S.S.S.

Occupational Therapy Supervisor
Jean Weatherbee, O.T.R., B.S.

Elsilyn J. Berrill, B.S.
Jeremy Jackson, B.S.
Elaine Woldorsky, O.T.R., B.S.

Recreational Therapy Supervisor
Robert Pilsbury, M.Ed.

Nancy Annis, A.B.
Joel Davidson, B.A.
Robert Bruzzese, B.S.
Nancy Olds

Vocational Rehabilitation Counselor
Joyce H. Miller, M.Ed.

Supervisor of Creative Arts
Helga Haendel

Instructor of Creative Arts
Christie Jones, B.A.

Manual Arts Instructor
William Balmer

Music Therapy
Rachel A. Mason, M.T.R., B.S. Music Therapy

Patients' Library
Claire R. Coffey, B.A.

DEPARTMENT OF PATIENT EDUCATION

Headmaster, Arlington School
John F. Dunn, M.A.

Research Associate in Education
William C. Kvaraceus, Ed.D.

Associate Psychologist
Helen J. Kenney, Ed.D.

Assistant to the Headmaster
Dorothy Wever, A.B.

Instructor in Mathematics
Nancy Baumgardner, B.S.

Instructor in French
Bernadette Camus

Librarian
Ellen Chvany, A.B.

Instructor in French and Spanish
Aviva Ginsberg, B.A.

Instructors in English
Deborah Guzzetti, A.B.
Kenneth McElheny, M.A.

Instructor in Art
Helga Haendel

Instructor in History
Barbara Harris, M.A.

Special Tutors
John MacVicar, M.A.
Joseph Walsh, M.A.T.

Instructor in Biology and Chemistry
John Willey, B.S.

DEPARTMENT OF PSYCHOLOGY

Chief Psychologist
Irene Pierce Stiver, Ph.D.

Associate Psychologists
Richard J. Bonier, Ph.D.
Helen J. Kenney, Ed.D.
(Department of Education)
Norbett L. Mintz, Ph.D.
Robert D. Schnitzer, Ph.D.
Ralph G. Semon, Ph.D.
Lewis J. Sherman, Ph.D.
Marvin Snider, Ph.D.

Assistant Psychologist
Sophie B. Mintz, Ph.D.

Fellows
Scott A. Reinhardt, M.A.
Linda Shapiro, M.A.

Interns
Darrell D. Dawson, B.A.
Bonnie Lea, M.A.
Michael Moses, B.A.
Michael Reiter, Ph.D.

DEPARTMENT OF PUBLIC RELATIONS

Director
Barbara R. Hopkins, B.A.

Public Relations Assistant
Joan E. Young, B.S.

DEPARTMENT OF SOCIAL SCIENCE

Associate Sociologist and Chief
Norman W. Bell, Ph.D. (*On leave of absence until June* 30, 1967)

Associate Sociologist
Rose L. Coser, Ph.D.

Assistant Social Scientists
Richard H. Longabaugh, Ed.D. (*Acting Chief until June* 30, 1967)
Ronald L. Nuttall, Ph.D.
Leonard F. Solomon, Ph.D.

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Golda M. Edinburg, M.S.S.S.

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(Social Group Work)
Jo Ann Glotfelty, M.S.S.S.
(Social Group Work)
Shirley Goldstein, M.S.W.
(Outpatient Clinic)
Constance A. McGrath, S.M.
Martha M. Norton, M.S.W.

Research Social Worker
Mollie Grob, S.M.

Social Group Workers
Jane Compton, M.S.S.A.
Dorothy M. Muller, M.S.W.
(Director of Volunteers)

Psychiatric Social Workers
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Harriet Baxter, M.S.S.
Joanne Clark, S.M.
(Outpatient Clinic)
Irene M. Daitch, M.S.S.S.
Eugenia Dromey, M.S.W.
Stella Hartz, M.S.S.S.
Elizabeth Hecker, S.M.
Susan Morse, S.M.
(Outpatient Clinic)
Barbara L. Schwartz, S.M.
Ann Sheingold, M.S.S.S.
(Outpatient Clinic)
Susan Vogel, S.M.
(Outpatient Clinic)
Martha Waldstein, M.S.S.
(Outpatient Clinic)
Anne Wallens, S.M.
Helen Warren, S.M.
Carol Weinberg, M.S.S.
(Outpatient Clinic)
Eve Welts, M.S.S.S.

UNIT HEADS

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George B. Durham, R.N., Th.M.

Physical Therapy
Thomas A. Crapo, R.N., R.P.T.

Libraries
Hector Bossange, M.A.

X-Ray
Herbert A. Davidson

Seamstress
Cretie Harris

DEPARTMENT OF NURSING AS OF FEBRUARY 1, 1967

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Margaret C. Tibbetts, R.N., B.S.

Director of School of Nursing and Nursing Service
Hilda Mertz, M.S.N.

NURSING SERVICE

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Audrey S. Hurley, R.N.
Virginia B. Ladd, R.N.
Donald J. MacLean, R.N.
John P. Pitcherale, R.N., M.S.

Nursing Service Clinical Supervisors
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Marguerite Conrad, R.N.
Harriet F. DeHoff, R.N., M.S.
Audrey L. Walsh, R.N.

Nursing Service Clinical Supervisors (Acting)
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Gerald F. Ellsworth, R.N
Nancy Greene, R.N., B.S.

Coordinator of Training in Clinical Nursing
LaVonne E. Davidson, R.N., M.S.

SCHOOL OF NURSING

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Mildred C. Makin, R.N., Ed.M.

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Mr. George B. Durham
Mrs. Philip H. Gates
Miss Lillian Goodman
Mrs. Frank H. McGowan
Mrs. Robert E. Nelson
Miss Alice M. Stueks
Francis de Marneffe, M.D., *Ex-officio*
Paul M. Howard, M.D., *Ex-officio*
Miss Hilda Mertz, *Ex-officio*
Mrs. Mildred C. Makin, *Secretary*
Mrs. Robert Homans, *Honorary Life Member*

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Samuel Bowman, R.N., B.A.
Janet Hart, B.S.N.
Herbert Mallinson, M.S.N.
Judith Mizhir, M.S.N.
Ruth Saunders, M.S.N.
Patricia Tyra, M.S.N.
Judith Barile, M.S.N.

Instructor in Nursing
John Grady, R.N., B.S.N.

Medical-Surgical Instructor
Flora McLaughlin, B.S.N.

Head Nurse, Health and Operating Room
Margaret Warren, R.N.

CLINICAL NURSING CONSULTANT
Ida O. Pelletier, R.N., M.A.

Report of the Director

A Historic Meeting

THE most significant event of the year in terms of its potential effect on the development of the hospital was the meeting of the Board of Trustees in December of 1965. At this meeting, the first which history records as having been held at McLean, the Trustees approved the Program of Development for the McLean Hospital prepared over the previous year. It was most gratifying that, in addition to continuing existing programs, they encouraged the hospital's growing in important new directions. Thus, they endorsed the recommendation that high priority be given to the creation of child psychiatric services for children under 13, and that the services of the institution be made available to as broad a segment of the population as possible.

Master Planning

Since the Program of Development dealt entirely with an "ideal hospital," without consideration of the physical structures required, the next step taken during the year was an architectural survey of the present hospital buildings. We needed to determine their usefulness in meeting present needs as well as their adaptability to future programs. The architectural firm of Perry, Dean, Hepburn and Stewart was retained to carry out such a survey and to prepare a master plan. While the survey and the master plan were not completed by the end of the fiscal year, preliminary findings seemed to indicate that the present physical structure was no longer adequate to meet the present or future needs of the hospital. It further suggested that eventually most of the present patient buildings which had been in existence for close to 70 years should be replaced. Periodic maintenance and renovation have been unsuccessful in adapting antiquated physical structures to the changing concepts of treatment of psychiatric patients from a relatively static custodial program to an active therapeutic approach.

What we are being advised, therefore, if the hospital is to meet its present obligations and intends to take on new roles, is that a major building effort will have to be made in the next decade. It will

come as no surprise when I say that a major fund-raising effort on the part of the staff, the administration and the Trustees will be needed—the kind of effort and dedication which must have existed between 1895 and 1905 when the new hospital was built in Belmont after moving from Somerville—the kind of effort which has made it possible for a new building to be erected at the General Hospital in Boston every few years. This major construction effort will be necessary not only in order to fill our own ideals of our mission to patient care, teaching and research, but also for practical reasons. Patients and their families are now expecting the physical amenities which McLean does not yet provide and the accrediting agencies are increasingly insistent that even old and well-established hospitals meet modern standards of construction.

Future Resources

Very little fund raising has taken place over the years specifically for McLean Hospital. It has usually occurred as part of general fund-raising efforts on behalf of the Massachusetts General Hospital. It would seem that the services which McLean offers might appeal to a different audience than that of the General Hospital. The possibility of tapping these new resources should be explored. The same is true with foundations interested in mental health and branches of the federal government interested in psychiatric hospitals. Careful planning of the fund raising required for the next decade will have to take place in the next few months.

The Hall-Mercer Agreement

A giant step was taken in the course of the year toward the fulfillment of at least one part of the Development Program. As a result of the interest of the trustees of the Hall-Mercer Hospital, a child psychiatric hospital on the McLean grounds appeared by the end of the fiscal year to be a future reality. Although discussions were not concluded, it was an exciting prospect to contemplate that McLean would be rounding out its services to all ages. The new unit would contain outpatient, inpatient, and day care facilities for children under 13, and possibly also educational facilities.

Outpatient Clinic

Progress continued to be made in offering the services of the hospital to middle and low income families. The Outpatient Clinic continued to expand, serving as it does a broad segment of the population and charging on a sliding scale of fees. Agreement was reached with the Department of Education of the Commonwealth and the Department of Mental Health that we would admit ten children as patients in the Outpatient Clinic. They would receive psychiatric treatment there and would also be educated in the hospital high school. Both the treatment and education would be financed by the Department of Education under Law 750.

Community Planning

During the course of the year the hospital's interest in participating in the development of a community mental health center to serve the people of Belmont, Waltham and Watertown was reaffirmed on repeated occasions. Discussions were held with the Beaverbrook Guidance Center, Metropolitan State Hospital, the Fernald School and the Waltham Hospital. The progress was slow, because by the end of the fiscal year the Community Mental Health Act had not yet been passed by the legislature and the future direction of the Department of Mental Health had not been determined.

Legislative Activity

This past year there was a good deal of activity involving the treatment of psychiatric patients and the operation of mental hospitals on the legislative front. The final report of the Massachusetts Mental Health Planning Project, whose task force included a number of McLean staff members, was incorporated in the proposed Community Mental Health Act. At the end of our fiscal year it was still due to be passed by the legislature. It was discussed in a legislative hearing chaired by Lt. Governor Elliot Richardson. I had the opportunity of presenting some ideas about the part which private, non-profit psychiatric hospitals might play in the development of the community mental health centers of the future.

Perhaps the most far-reaching legislative recommendations were contained in the report of the Special Commission on Mental Health

under the chairmanship of Senator Leslie Cutler. This Commission was established by the legislature several years ago when it was recognized that the laws under which patients are hospitalized in psychiatric hospitals in the Commonwealth are antiquated and no longer appropriate to the current concepts of therapy and of freedom.

I testified at several hearings of the Commission and it was clear that one task facing the Commission was a particularly difficult one —how to define the point at which clinical and social imperatives justify the limitation of an individual's freedom to leave a psychiatric hospital. The Commission had to take into account the fact that the medical and legal professions view clinical and legal needs differently and also that standards and practices vary in different psychiatric hospitals. We shall continue to work with the staff of the Special Commission in the hope that a first rate law will result. It was gratifying to lend support and encouragement to the Commission staff's efforts to simplify, clarify and streamline the laws under which patients have been hospitalized for many decades.

Towards the end of the fiscal year there was also the bill being prepared by various groups to insure the privacy of a patient's communication to a psychotherapist. In the Commonwealth of Massachusetts, and this may be surprising to many, there is no protection from the legal standpoint of a patient's communication to his psychiatrist. An effort has been made in recent years to correct this situation and thereby provide the patients expressing their most private thoughts and feelings to their psychiatrist the same kind of protection as is a matter of legal right in the communication between a client and his attorney and is traditional between an individual and his priest.

At present, when a psychiatrist is summoned into court and asked to reveal the communication of a patient, the only protection which the patient has is the psychiatrist's willingness to risk being in contempt of court if he does not answer fully the questions asked. We believe that the establishment of privacy as a matter of legal right is as vital to the effective treatment of psychiatric patients as the maintenance of aseptic technique in performing a surgical operation. Privacy is particularly important in a psychiatric hospital because the matter not only pertains to the communication of a patient to his

psychiatrist, but also involves the hospital's ability to protect the patient's often voluminous psychiatric record and keep it out of the court. There is plenty of substantiation for the view that serious tragedies have occurred because of the absence of a law guaranteeing the patient's privilege of private communication with his psychiatrist. The hospital intends to play its part in supporting this bill and in mobilizing whatever forces are necessary in order to insure its passage, although this year's outlook is not good.

Miss Tibbetts Retires

The end of an era was reached with the retirement of Miss Margaret C. Tibbetts, R.N., as Director of the School of Nursing and Nursing Service, a position she had occupied for 21 years. Her commitment and loyalty to the ideals of the hospital, her professional integrity, and her ability to cooperate with the medical profession in improving the care of patients have set a high standard for her successor to continue.

The Right Reverend Robert P. Barry

The hospital was saddened by the death of The Right Reverend Robert P. Barry, who as a Trustee of the hospital for more than 25 years gave unstintingly of his time. Monsignor Barry's humanitarian, down-to-earth approach to life contributed greatly to the effectiveness of the hospital's administration and to the welfare of the patients and staff. He will be greatly missed.

In summary, the year was one in which our thinking was crystallized concerning the future directions of the hospital's development and in which the stage was set for converting the dreams of what the institution could be and should be into reality. It was clear that a major effort will be needed to accomplish this and that it will require the effective cooperation of the staff, the administration and the Trustees if success is to be achieved.

FRANCIS DE MARNEFFE, M.D.
Director

Report of the Administrator

THE significant events of the past year have included a small operating surplus, completion of major capital improvements, a further broadening of the base for third-party reimbursement, a continued upward spiraling of hospital costs, and the development of the initial phase of the master plan for the hospital.

On February 1, 1966, Mr. David B. Balise was appointed Assistant Administrator replacing Mr. Henry H. Harvey who resigned in August of 1965. Mr. Balise is a registered nurse, received his M.P.H. in hospital administration from Yale University in 1962, completed his administrative residency at Worcester City Hospital, Worcester, Mass., and prior to his McLean appointment was Assistant Administrator at Holyoke Hospital, Holyoke, Mass. On the same date Miss Willa F. Pasho was promoted from Administrative Assistant to Assistant Administrator and Miss Catherine R. Conroy was promoted from Executive Secretary to Executive Assistant.

Because of a significant increase in projected hospital costs, the basic room and care rate was increased from $40 to $45 per day on October 1, 1965. The fiscal year ended with a net surplus of $22,477 as compared to a budgeted deficit of $73,891. Net operating income increased 10.95% over the previous year while expenses increased 8.2%. Deductions from income amounted to $442,283 or 9.5% of total patient income. Of this amount $331,481 represented free care given to patients at less than standard rates. The cost per patient day of $55.07 represented a 9.96% increase over the previous year and a 27.5% increase over a five year period. Salaries and wages represented 70.9% of total expenses. This high percentage will continue and probably further accelerate as a result of hospital salaries becoming increasingly competitive with business, industry and government.

Of the 332 hospital admissions during the past year, 238 or 71.6% were covered by various types of hospitalization insurance, including eight patients under the Medicare program. Even though expansion of insurance benefits for mental illness has greatly aided the financial position of the psychiatric hospital, mental illness in general and private psychiatric hospitals in particular continue to be discriminated against by Blue Cross plans and by the Medicare pro-

gram which favor the general hospitals. The Massachusetts Blue Cross basic plan provides limited coverage in a general hospital but provides no coverage in a private psychiatric hospital. The majority of master medical plans limit psychiatric coverage to 60 days, while a non-psychiatric illness may be covered for an unlimited number of days. The majority of commercial insurance companies also discriminate against mental illness by reduction of benefits as compared to non-psychiatric illnesses.

Hospital coverage under Part A of the Medicare law is limited to 190 days in the life of the subscriber as compared with unlimited number of days in the psychiatric sections of a general hospital. (However, in both cases a spell of illness is limited to 90 days.) Outpatient psychiatric treatment services are limited to $250 per year under Part B of the Medicare law. There is no doubt, however, that expansion of benefits for mental illness will continue to improve in the future as the general public demands additional protection against the high cost of psychiatric hospital care.

During the year $517,368 was expended for capital improvements. The conversion from direct to alternating electrical current started in 1960 was completed with the installation of two emergency diesel generators and secondary feeders to all major buildings. It is of historical interest to note that the direct current generators installed when the hospital was rebuilt on the Waverley site in 1895 had been in continuous operation for 71 years prior to the change-over.

Conversion of the heating system from high to low pressure steam was also completed during the year with the installation of two automatic 500 BHP low pressure boilers and the conversion to low pressure of one 500 BHP boiler installed in 1964. Two 75 HP automatic boilers were also installed in conjunction with the above work and are being used for the 100 PSI required by the Laundry and sterilizing equipment. Completion of the above major projects has resulted in a considerable reduction of operating personnel.

Other major projects completed during the year included: renovation of 20 clinical offices in the Administration Building and Service Building; sandblasting and painting the water tower; renovation of patient bathrooms on South Belknap I and Codman House II; painting and upgrading the hospital tunnel system and basement building entrances; installation of water coolers on Codman House

I, South Belknap I, Proctor House I and II; painting and upgrading the Laundry; construction of a walkway and tunnel entrance to Bowditch parking lot; installation of additional sprinklers in patient units; partial upgrading of roadway lighting; installation of Centre Building sprinkler main; replacement of South Belknap water main and valves; partial replacement of the Gymnasium roof; installation of motorized heat control valves in seven major hospital buildings.

Routine plant and maintenance activities included exterior painting and waterproofing of Bowditch, Research Laboratory, Upham, South Cottage and Hope Cottage. Interior painting included: dumbwaiters, approaches to hospital buildings, miscellaneous rooms, offices and corridors throughout the hospital. Continuation of roof, gutter and downspout inspection and remedial action has reduced leaks to a minimum. The 5,482 maintenance requisitions processed during the year represented a slight decrease from the previous year. The increasing amount of staff time required to program and supervise modernization projects has resulted in the establishment of the position of General Foreman to expedite and coordinate the routine maintenance activities. The addition of Mr. Philip Gange as General Foreman has increased the overall efficiency of the department. Difficulty has been experienced in keeping the positions of Draftsman and Utility Mechanic filled, but this difficulty is also being experienced by industrial firms due to a skilled labor shortage.

The steady increase in vehicular traffic at the hospital has required upgrading of the hospital roads and parking lots. Approximately two miles of roads were oiled and sanded, and additional parking aprons constructed as needed. The need to clear roads and parking lots of snow as quickly as possible has necessitated the purchase of a heavy duty snowplow and rental of snow removal equipment as the need arises. During the year hospital vehicles traveled 69,700 miles, a 24% increase over the previous year. The increase has been in all areas of activity—routine hospital business, patient activities, and the employee shuttle service. Prior to the initiation of the shuttle service, employees using public transportation to reach the hospital had to walk half a mile up a steep hill, depend on taxis or share transportation. The shuttle service provides free transportation to the hospital in the morning and to Waverley Square in the evening on a regularly scheduled basis. By making the hospital more acces-

sible, the shuttle service has improved the competitive position of the hospital in a tight labor market.

During the year major changes occurred in the Dietary, Housekeeping and Laundry Departments. In January, Mr. Harold F. Smith resigned as Laundry Manager and was replaced by Mr. Arnold O. Tompkins on February 1, 1966. Prior to his appointment at McLean Hospital, Mr. Tompkins served for 15 years as Laundry Manager at the Framingham Union Hospital, Framingham, Mass. Relocation of present equipment and installation of additional labor-saving equipment have improved efficiency and reduced personnel complement. A system of inventory control has been set up based on a complete color coding system and should promote a more effective linen distribution system.

The name of the Housekeeping Department was changed to the Building Service Department and the department assumed responsibility for transferring furniture and equipment within the hospital. The department was relocated in the basement level of the Administration Building; simultaneously the issuance of all housekeeping supplies was centralized within the Building Service Department. These changes have improved control and coordination within the department, and have resulted in a significant saving due to closer control of supplies. In July Mr. Edward Hanley resigned as Director of Building Service and was replaced by Mr. Charles J. Hillsdale in October. Mr. Hillsdale recently retired from the Army as Lieutenant Colonel and brings to the hospital many years of experience in administration, organization and management.

Efforts were intensified during the year to improve patient food service. The Codman House pilot food service project in which the Dietary Department assumed responsibility for serving food for the noon and evening meals on the patient units was discontinued. The cafeteria food service project in which ambulatory patients eat their noon and evening weekend meals in the cafeteria was well received by both patients and staff and has recently been expanded to include all evening meals. In August Miss Charlotte Donaldson resigned as Director of the Dietary Department and was replaced by Mrs. Veda L. Rochette. Mrs. Rochette has had many years of dietary experience and prior to her McLean appointment in July, was Director of Dietetics at East Liverpool City Hospital, East Liverpool,

Ohio. In September Miss Carmella Clemente resigned as staff dietitian and was replaced by Mrs. Mary Branston. With the phasing out of the McLean Hospital School of Nursing, the teaching function of the staff dietitian has been eliminated and greater emphasis placed on food service administration. Other organizational changes included eliminating the positions of Food Service Manager and Administrative Dietitian, reinstituting the position of First Cook and adding an additional Food Service Supervisor position. Mr. James Harris was promoted from First Cook to Head Cook, and Miss Pat Mather joined the staff as Food Service Supervisor. These major departmental changes should strengthen interdepartmental communication and supervision, and provide the needed staff for the expanded cafeteria food service program.

The heavy work load of the Medical Records Department necessitated the employment of additional clerical personnel. Additional dictating equipment was installed in various clinical areas of the hospital to facilitate recording of medical records. The renovation of the Medical Records Department and the expansion of the storage space has improved departmental efficiency, and has facilitated the work of the Medical Records Committee, the Utilization Review Committee and special research projects.

Faced with another year of manpower shortage, the shrinking labor market and an upgrading of many positions, it was necessary to intensify recruiting efforts and to develop more widespread newspaper advertising throughout the Greater Boston area. Raising the hospital minimum wage to $1.50 per hour, upgrading numerous salary ranges, improving employee living quarters, and establishing the employee shuttle service has enabled the hospital to attract additional employees and to maintain an adequate work force. During the year a total of 768 applicants were interviewed and 364 were employed.

At the annual Service Pin Reception and Tea held in May, 54 employees were honored for length of service. Special recognition was given to Mrs. Katheryne D. Davidson, Mrs. Mary E. Fuller, Miss Anna M. Merritte, Miss Willa F. Pasho, and Mrs. Mary A. Powell who have each served the hospital for 25 years. In addition to the 25-year pin, each recipient received a special McLean armchair with a suitably inscribed plaque. Mr. Patrick Fitzgerald received a

20-year pin. Eighteen employees received 10-year pins and 30 employees received 5-year pins. During the year 12 employees retired, raising the number of pensioners to 76—an increase of 10 over the previous year.

This report has summarized the major events that have occurred in the non-clinical services of the hospital during the past year. As the years go by it is quite evident to all that a major effort has been put forth in upgrading the physical plant of the hospital. Work on the master plan has begun, the first phase of which is an architectural/engineering evaluation of all hospital buildings, including site location of proposed new facilities. It is anticipated that this phase of the master plan will be completed in the early spring.

Inflation and the rising cost of hospital care is of concern to all of us. Providing quality medical and psychiatric care is costly. However, our experience has been that the patients admitted to the hospital have greater concern about the availability of high quality care than about methods of paying for that care. The impact of governmental programs—Community Mental Health Centers, Medicare (Title XVIII), and Medicaid (Title XIX) on private psychiatric hospitals is not known at this time, nor is the ultimate role the hospital will play in participating in these programs. It is quite clear, however, that these programs will raise the standards of medical care and the availability of this care throughout the country.

The continued progress made during the past year could not have been achieved without the understanding of the Board of Trustees, the McLean Hospital Committee, the Director of the hospital, and the cooperation, loyalty and entire efforts of all department heads and personnel.

HENRY J. LANGEVIN
Administrator

McLean Hospital

BALANCE SHEET

September 30, 1966

ASSETS		
Cash		$ 33,968.06
Accounts Receivable—Patients		
Current Month Billing	$361,149.70	
In House Accounts Overdue	230,087.20	
Discharged Accounts	168,136.76	
Total	759,373.66	
Less: Allowance for Doubtful Accounts	113,445.96	645,927.70
Accounts Receivable Outpatient Clinic	7,276.81	
Less: Allowance for Doubtful Accounts (OPC)	2,078.00	5,198.81
Accounts Receivable—Other		12,760.55
Inventories—Perpetual		25,933.49
Inventories—Non Perpetual		39,020.42
Prepaid Items		2,671.43
Capital Additions (Current Year)		278.00
TOTAL ASSETS		$765,758.46
LIABILITIES		
Accounts Payable	165,564.22	
Federal and State Taxes Payable	41,603.10	
Reserve for Workmen's Compensation	23,298.19	
Blue Cross-Blue Shield Premiums Payable	1,344.35	
Reserve for Funds Due Town of Belmont	—o—	
Deferred Income—Special Funds	55,801.00	
Reserve for Pensions—Special Funds	1,724.98	
Fiduciary Exchange Accounts	4,066.31	
TOTAL LIABILITIES		293,402.15
TREASURER'S EQUITY		
Treasurer's Equity 9/30/65	553,451.20	
Add: Cash from Treasurer (Year to Date)	1,100,000.00	
Cumulative Depreciation (Current Year)	184,808.25	
TOTAL	1,838,259.45	
Less: Operating Surplus or (Deficit) (28,869.08)		
Disbursements —Special Funds (Year to Date) (819,665.83)		
Disbursements—Capital Additions (Year to Date) (517,368.23)	(1,365,903.14)	
Treasurer's Equity as of 9/30/66		472,356.31
TOTAL LIABILITIES AND TREASURER'S EQUITY		$765,758.46

McLean Hospital

OPERATING STATEMENT

	Current Year 10/1/65 9/30/66	*Previous Year* 10/1/64 9/30/65
Patient Days	82,386	83,729
Average Daily Census	226	229
Percent of Occupancy	88	83
(Complement 278 Beds)		
INCOME		
Room and Care	$3,774,068.34	$3,410,543.96
Day Care	139,096.50	113,160.00
Night Care	40,092.00	13,763.00
Outpatient Clinic	63,170.00	31,740.00
Other Patient Income	662,735.93	658,253.44
Other Non-Patient Income	270,788.33	257,527.09
TOTAL OPERATING INCOME	$4,949,951.10	$4,484,987.49
DEDUCTIONS FROM INCOME		
Free Service—Inpatients	$ 265,611.48	$ 287,085.82
Free Service—Day and Night Care	29,645.76	14,693.75
Free Service—Outpatient Clinic	29,537.50	15,324.75
Free Service—Other	6,685.77	30,325.08
Courtesy Allowance	20,235.50	23,094.00
Provision—Doubtful Accounts	90,566.99	51,760.17
TOTAL DEDUCTIONS FROM INCOME	$ 442,283.00	$ 422,283.57
NET OPERATING INCOME	$4,507,668.10	$4,062,703.92
EXPENSES		
Salaries and Wages—Nursing	$1,393,884.84	$1,327,487.63
Salaries and Wages—Other	1,821,103.76	1,636,107.19
Supplies	455,899.35	452,163.73
Outside Services	381,655.96	335,027.38
Depreciation	184,808.25	165,797.67
Other Expenses	299,185.02	276,277.63
TOTAL EXPENSES	$4,536,537.18	$4,192,861.23
OPERATING SURPLUS OR (DEFICIT)	(28,869.08)	(130,157.31)
Treasurer's Income	76,808.94	77,291.45
Less: Treasurer's Expenses	25,462.96	24,614.38
Net Treasurer's Income	$ 51,345.98	$ 52,677.07
NET SURPLUS OR (DEFICIT)	$ 22,476.90	$ (77,480.24)

Report of the Psychiatrist in Chief

The Psychiatric Service and Research Programs

THE hospital progressively deepened and extended its psychiatric services during the year.

In psychiatry, it is an unusual and major contribution to the community if a hospital can provide regularly to all patients all of the indicated treatments of generally accepted value. This is still unusual, and it may become more unusual in coming years as limited personnel are applied to more and more patients throughout the country. All too commonly the needs of patients are thought of primarily on the basis of what the particular institution can offer.

McLean has now grown to the point where the staff can prescribe the treatment they believe optimal, and it can be provided with a high degree of regularity. A large majority of new patients, for instance, are started fairly promptly in intensive psychotherapy (three or more scheduled hours a week with a psychiatrist). At any one time about 130 inpatients and 160 outpatients are being seen on regular schedules at the hospital, and a considerable, probably larger number are continuing with hospital staff physicians privately after their discharge from the hospital. Fifty psychiatrists on the permanent staff, 50 resident psychiatrists or others in training status, about 33 psychiatrists who had been granted courtesy access to their own patients referred to the hospital, 5 psychologists, 1 social worker, and an occasional medical student conduct the treatment program. Only a few years ago such a program seemed unobtainable for numbers of patients coming to McLean. The Psychotherapy Office makes the necessary arrangements and the often intricate assignments, arranges supervision and records progress, under the continuing direction of Maurice Vanderpol, M.D., and of a considerable number of experienced supervisors.

Coordination of psychotherapy with the therapeutic organization of the patient's environment has not been easy, and from its nature probably never will be clearly predictable or subject to straightforward planning. The task of diagnosis, organization, planning for treatment, education and professional and family relations falls

upon an increasingly skilled and experienced staff of psychiatrists who are also developing competences and techniques where there is no well established body of technical knowledge.

The Outpatient Department represents not only a broadening of the hospital's community contribution in a way never before undertaken at McLean, but also the education of residents in the problems intrinsic in treatment of patients less economically favored than those whose families can afford to pay for the full cost of treatment.

The Day Care Program has continued also to function as a pathfinding technique of partial hospitalization; it now can offer fully adequate care for certain types of patients who would have to be hospitalized if there were no Day Care Center. Norman Bell, Ph.D., Chief of the Social Science Department, led an international seminar held at McLean during the year, which brought together for the first time the varying experiences in organizing different types of day care centers in different locations.

The number of resident psychiatrists has increased, and the depth and extent of educational experience offered has grown. The hospital has consistently had the advantage of a full complement of highly selected residents in recent years, an unusual situation in a field where the supply of positions greatly exceeds the number of applicants. The larger number has meant, however, that the range of available experience could be broadened considerably. The program affiliates with that at the Massachusetts General Hospital, Beth Israel Hospital, Beaverbrook Children's Center, and with the neurological service at the Boston Veterans Administration Hospital. Special arrangements are often made for research, experience, for the study of mental defect, or for other areas of relevant interest. In particular, the year has seen a study group for residents in the psychiatric implications of the law, a part of the very fruitful collaboration between Alan Stone, M.D., who manages the residency program at the hospital, and Mr. Alan Dershowitz of the Harvard Law School.

David Blau, M.D., Jacob Christ, M.D., Marvin Snider, Ph.D., and Dr. Bell were the leaders in opening a new program of family therapy at the hospital during the year. This potentially important type of treatment is still largely unevaluated, and the development of the program has been deliberate, with careful study of each

family group. The program has had encouraging experience and will be progressively expanded.

The Gordon Laboratory, equipped with audio-visual equipment, is now in almost constant use for investigation and for teaching. Studies of sleep interferences, of group therapy, and of family therapy and a varied array of teaching exercises make the laboratory one of the busiest parts of the hospital; scheduling of activities is not only necessary but more and more difficult because of the many uses for the laboratory facilities.

While the program for patient care and treatment has grown demonstrably stronger and more extensive during the year, research in psychiatric, psychological and social areas related to mental health has not maintained the breadth of recent years. Significant new programs in the epidemiology of childhood schizophrenia, and in psychopathology, especially as related to suicide potential, have been instituted during the year, and the ward interaction laboratory and the neurophysiological laboratory continue actively. However, Dr. Bell, and Rose Coser, Ph.D., have moved to more permanent university positions than the hospital can provide. Even more notable is the transfer by Merton Kahne, M.D., of his research activities away from the hospital, although he continues in occasional consultation. Dr. Kahne was one of the principal architects establishing the intensive psychotherapy and milieu therapeutic programs in 1956; his research and his teaching have become the warp and woof of hospital practice. The first years of the admission hall, under his management, created a superlatively competent unit, whose activities were unfortunately not systematically reported, but whose effectiveness and humanity have been rarely matched. Both his understanding of the milieu and of ways of analyzing it are missed.

A number of problems have helped to slow up the development of the psychosocial areas of research. Without much doubt, the most important is that, in conformity with the general stance of the hospital and of Harvard Medical School, the hospital maintains three large laboratories for biological research, two of them under senior leadership, while support for psycho-social research is conducted only on a project-to-project basis. As outside financial support of research slows, the psychological-social laboratories are likely to be

the first to be affected; we can hardly expect to maintain a significant program of research in this area without a commitment to it as serious as in the other areas.

ALFRED H. STANTON, M.D.
Psychiatrist in Chief

Report of the Associate Director of Clinical Psychiatry

Patient-Staff Community

DURING the last one-and-a-half decades interaction in the staff-patient community has changed in quality, and this has continued during the past year. There is increased social health in both staff and patients, and the community is better suited to therapeutic purpose. Gradual social evolution took place and also increased sophistication of the staff as to patient needs. This has not been without its difficulties and complications; for instance, to some the decreased emphasis on unilateral staff authority, tender solicitude, and physical orderliness suggest lack of structure.

There are various forms of therapies, and in the old model these were applied to the inert patient after the style of the physical hospital, but increasingly therapy is active and participatory between staff and patient. For instance, there is now a high school at the hospital attended by one-half of the younger patients and up-to-standard education is by mutual effort of the students and the teachers working through and past the mental difficulty of the student. So also with a broad spectrum of activities, socializations, introspections, and personality changes, staff and patients are both participating in the process.

Both mental illness and some ancient forms of its treatment can be thought of as stripping away both personality function and social value from the patient, resulting in an inner and outer stultification. In treatment no simple process or attitude leads to mental health and the needs of the mental patient are as variegated as those of childhood-inner interest and discipline; work and play; social and religious value; thought in solitude, daily routine, and in crisis; and all this must go on while the patient is participating in a live society, else little happens. No wonder hospitals are ejecting patients into the community where there are often richer resources. Simple replacement treatments do not change complex personality difficulties, as much as we might wish. For instance, the legal mind would treat with "freedom", the moralist would treat with isolation or exhorta-

tion, inquiring minds by analysis, tolerant minds by persistent expectation. All these are necessary but alone inadequate.

Our hospital patients have specialized community needs, and there is an increasing closeness between community and dynamic psychiatry. Psychotherapy is not in isolation of deep thought, but contains concept and feeling appropriate to current personal involvement as well as past or planned future. As our staff overcomes its prejudice against involvement it joins patients in group therapy, family or couple therapy, occupational and work therapy, athletic and cultural therapies, group and club activities, patient-personnel conferences, activities centered around life on the hall together and around the special care of nurses, aides, and group workers. Social work deals with families, and patients move part way in and out of the hospital. Patients have thoughtful, introspective, and objective discussions about themselves not only with their psychotherapist, but also with interested clinicians dealing with adjustment in their daily lives. There are staff jobs and patient activities centered around all of these general descriptions.

This year voluntary work done by patients in the hospital became paid work; and the staff job of work counselling has been established. Horseback riding became popular and family therapy established. One of the most unique and enthusiastic accomplishments of the year was the "vacation" in the woods taken by the male "disturbed" hall patients with most of their staff going along under the leadership of Phelps Robinson, M.D. This was not on the hospital grounds but on a week camping trip in New Hampshrie. New relationships and points of view for all sprang up under this refreshing change of circumstance and social order.

The new Outpatient Clinic is giving service to the community, principally evaluation, psychotherapy and social work but there is also group and family therapy. The day care patient experiences varieties of in-and-out-of hospital care including night care. Discharge need not mean abrupt loss of hospital community relationship.

The staff and patients appreciate the support of our own administration, and especially of the Board of Trustees.

PAUL M. HOWARD, M.D.
Associate Director of Clinical Psychiatry

Annual Report of the Outpatient Clinic

DURING the past year the Clinic has continued its fairly even growth and expansion of services to the surrounding communities. While the year before inquiries for help in the Clinic averaged about 20 a month, this past year their monthly average was over 40, totaling 488 inquiries for the year. This figure alone attests to the fact that the McLean Outpatient Clinic has become known in the area as a resource for evaluation and treatment of a great number of problems.

Our patients came referred to us through three major sources: private physicians and psychiatrists including McLean Hospital staff referred approximately one-third of all inquiries; institutions such as the major universities and community agencies referred somewhat more than one-third; and essentially the self-referred or family-referred were somewhat less than one-third of the patients. This proportion has been remarkably stable for the Clinic since its inception in 1964. The cities of Cambridge and Waltham furnished the largest share of patients, but Belmont and the surrounding towns of Lexington, Arlington, Watertown, and Concord were also represented prominently, while a sizable number of patients came from some considerable distance to seek the services of the Clinic. Age-wise the Clinic's patient population ranges from 12 years upwards, with the heaviest weighting in the 19 to 30 year bracket.

Perhaps more than the growth in numbers only, the growth in the hospital's involvement in the work of the Clinic deserves mention. The staff of supervisors of psychotherapy was greatly expanded. Effective October, 1966, Enid Caldwell, M.D., Assistant Psychiatrist, was appointed to work in the Clinic on a half-time basis.

The resident psychiatrists have greatly increased their commitment to the treatment of outpatients, through individual psychotherapy, group therapy, marital and family therapy. In the middle of August it was possible with the organizational help of Alan A. Stone, M.D., Director of Resident Education, to open the doors of the Clinic during two evenings of the week for patients who could attend only with difficulty in daytime. This evening clinic has been much sought after from its beginning and functions as an extension of the daytime clinic, manned by a large number of resident psychiatrists, one social case worker, and a secretary.

The Department of Psychology has continued its participation in the Clinic through direct service rendered by its staff and through the internship program for doctoral candidates. Marvin Snider, Ph.D., was appointed Associate Psychologist on January 1, 1966, and has located his office in the Clinic Building. His special effort to establish and foster the growth of a family therapy program in the hospital has benefited the Outpatient Clinic outstandingly. Family evaluation and family therapy was demonstrated to many professionals in the Clinic, and during the year a total of 16 families were in family therapy for a variable length of time.

The social case workers in the Clinic, under the able guidance of Mrs. Shirley Goldstein, Supervisor of Social Work, have carried the main load of the day-to-day work in the Clinic, especially the often difficult work around the inquiry and intake situation. They have been involved in the initial evaluation and the treatment planning of almost every patient in the Clinic and have contributed as well by continued casework where this was indicated. Their staff was expanded to include Miss Joanne Clark. Miss Elizabeth Breed left the Clinic staff in August and was replaced in October by Miss Carol Weinberg.

A program of family aides, started last year in conjunction with Northeastern University, was highly successful and continued this year. Three students in Dr. James Bryant's Human Relations Course worked in the Clinic on field placement. Their main task was to make home visits in selected cases, to describe the problem situation within the family, and gain a first-hand impression of a family's functioning. The contributions of these volunteers were in each case significant for the understanding of the case and the method of direct observation in the home by a non-professional deserves further study and, in our view, a wider practice. In turn, the volunteers learned by participation in staff conferences and in small group discussions with Mrs. Goldstein.

Teaching has from the beginning been one of the main tasks. The program of the three weekly rotation for the Harvard Medical students in their third and fourth year has continued with patients as well as students benefiting from their mutual proximity. From January to June, 1966, for the first time a fourth-year elective course in outpatient psychotherapy was given at the Clinic. With the help

of James Haycox, M.D., Stephen Washburn, M.D., and Maurice Vanderpol, M.D., four students treated a well selected patient each for approximately five months. A social work student from Simmons School of Social Work has been assigned to the Clinic through the academic year. In addition, several social work students assigned to the inpatient service of the hospital were given case evaluations in the Clinic as a teaching assignment.

Administratively the Clinic's expansion necessitated much streamlining during the year. By the end of 1965 the record room assumed responsibility for transcribing dictation, and in June, 1966, Miss Blanche Gosselin, as an executive secretary, took over the supervision of the office. She has competently organized a much enlarged operation. The former director's residence has well suited its new purpose as an outpatient building.

In all aspects of the Clinic's functioning, the contacts with the inpatient sections of the hospital have been strengthened and more intimately intertwined. The hospital as a whole, with all its departments, has supported the operation of the Clinic consistently. The gratefulness of the Outpatient Clinic goes, in the first place, to the Nathan H. and Sarah A. Gordon Philanthropic Trust for its continued generous support. The Clinic acknowledges the major effort by the McLean Hospital Auxiliary whose contributions began from the very inception of the Clinic to this year. The surrounding communities contributed through moneys from the United Fund; and, perhaps last but not least, the Clinic patients themselves, charged on a sliding scale according to ability to pay contributed substantially to payment for services. There were all told 6,656 patient visits during the year with the average fee slightly above $5.00.

The Outpatient Clinic has from the beginning followed a policy of openness vis-a-vis all patient problems as they present themselves, rather than to limit itself to certain types of pathological phenomena accessible to a given technique. From this openness toward studying problems "as patients present themselves" has resulted a liberal utilization of newer, perhaps still experimental, modes of evaluation and treatment. I refer specifically to observation of interactional phenomena, e.g., between spouses or within families. We have not hesitated to ask couples or families to come in together sometimes, even for a first interview, when the referral information clearly indi-

cated primarily a problem of interaction and/or communication. Initially we expected some resistance on the part of our patients to such approaches but we were relieved to find that while most patients come to expect the traditional one-to-one situation a good many of them have little difficulty in accepting a recommendation for group therapy, joint interviewing, or family therapy where there is a good rationale for it. From our studies with married couples, Harvey Shein, M.D., presented a paper on "Clinical Variables in the Treatment of Marital Disorders" at the annual meeting of the American Orthopsychiatric Association, a paper worked on jointly with myself.

We hope and expect to do further work in these areas. It seems to us that the possibilities of social psychiatry are just beginning to be understood, and specifically their application in a setting that functions as treatment center and resource of consultation for the community needs is still fertile ground for further study.

There are many directions that the Clinic could take: service needs will likely continue to increase, although not at the intense rate they have so far, and there probably will be a leveling off in the near future; coverage could be increased to provide an emergency service, available evenings and weekends; consultation could be provided to medical hospitals in the area by the resident psychiatrists; perhaps equally promising may seem the prospect of increased services as consultants to community agencies, courts, schools, etc.; the issue of volunteer training has preoccupied us for some time, a small program is operational, more might be done; a clearer formulation of our experiences with joint interviewing and interactional treatment might be forthcoming; finally, the Clinic may lend itself to more structured research either in the clinical fields or in the field of the social and behavioral sciences.

In this first separate report of the McLean Outpatient Clinic, I would like to express appreciation to all those who have made this Clinic viable and functioning by their ingenious planning, their generous support, their devotion and steady hard work. It is a privilege to work in a setting where such varied opportunities are provided as the Clinic now offers and hopefully will continue to provide.

JACOB CHRIST, M.D.
Psychiatrist in Charge of the Outpatient Clinic

Report of Hospital Population and Statistics 1965-1966

1. The total number of patients in the hospital at the end of the fiscal year was the same as that at the beginning. However, the number of patients on visit (and so still on the hospital's rolls) increased 50%. This increase continued a trend, noted over the past few years, of having patients in treatment while residing outside the hospital. Fewer patients were admitted and fewer were discharged during this fiscal year compared to prior years. Indeed, admissions and discharges were at their lowest since fiscal 1958-1959, at which time the total patient population in the hospital was also much lower. As a basis for comparison, the average number of admissions and discharges for the prior six fiscal years were computed; the results showed that admissions this year declined 6.7% and discharges declined 12.8% from the average of the previous six years. Part of the reason for the decline in discharges is found in the already mentioned increase in number of patients on visit from the hospital. However, the overall decline both in admissions and in discharges also indicated that patients are staying in the hospital for longer than they have in the past. This can be seen in Table III, which shows that long-term discharges (patients in the hospital more than one year) increased to 18% compared to last year's 13%. There was a corresponding decrease in short-term discharges (patients in the hospital a month or less) to 22%, compared to last year's 28%. However, the bulk of the discharges (60%) still occurred with patients of moderate hospital duration (one month to a year), a percentage which is relatively unchanged from that of the past few years.

2. The disproportion of female patients in the hospital at the end of this year reduced somewhat, there being 6% fewer females than at the beginning of the year. However, they still outnumbered the males (3:2), although this was not evenly distributed over all age categories. As in the past few years, there was roughly an even proportion of males and females below age 31, and a majority of females in the 31-40 year-old category and in age categories past 50.

However, while in recent years there was also a majority of females in the category 41-50, this year the males were in the majority (an increase in males of 9% and a decrease in females of 6% from the beginning of the year). Males tended to have a moderate-to-large numerical gain from the start of the year in several age categories, while females had a large numerical gain only in the age category 31-40, and had a moderate numerical loss in category 41-50. The overall gain in number of male patients had to be brought about by a reduction in number of males discharged, compared to prior years, since the number of male admissions this year was lower than in recent years. The one exception was in the age range 31-40, where males had a 47% increase in admissions compared to last year.

3. The age composition of the hospital remained relatively stable. The largest percentage of patients continued to be in the 40 or younger category. The only noteworthy change was an increase of 5% in the 31-40 range. This was brought about by an increase in male admissions and a decrease in female discharges, compared to last year.

4. As in recent years, the largest percentage of patients admitted to, discharged from, and residing in the hospital were those diagnosed as having a schizophrenic reaction, although there were slightly fewer of them by the end of the year. The second largest category of patients continued to be personality disturbance; and the third largest category, which doubled from last year and in which both males and females showed an end-of-year increase, was psychoneurotic reaction. There was a decrease in admissions and discharges for males diagnosed with affective reaction, and a decrease in discharges for females with this diagnosis. The result was to create a 2:1 disproportion of females to males in the hospital with this diagnosis at the end of the year, while at the beginning there was an equal proportion. In contrast, the female to male ratio was reduced in patients with a schizophrenic diagnosis, and drastically reduced in patients diagnosed with personality disturbance. The latter change was brought about by an increase in male admissions and a reduction in female admissions, compared to last year.

5. The proportion of patients experiencing their first admission to any hospital remained, as in the past few years, a little over a third of the total admissions. However, first McLean admissions

increased to a little over a third, from last year's figure of 30%, while readmissions to McLean correspondingly declined to under 30%. First admissions to any hospital and readmissions to McLean continued to have more females than males represented, while first admissions to McLean continued to have an equal male to female ratio. Over half of the patients were admitted from home, as in recent years.

6. As in the past few years, among patients with affective reactions, there were two to three times as many readmissions to the hospital as there were first admissions to McLean or to any hospital, particularly among female patients. In contrast, among patients with psychoneurotic reactions, there were only half as many readmissions to the hospital as there were first admissions to McLean or to any hospital, particularly among male patients. This latter trend was not found last year. In the past, schizophrenic reactions were the most frequent diagnoses for all three categories of admission, in keeping with this being the most numerous diagnostic group in the hospital. However, this year patients with personality disorders were more numerous than patients with schizophrenic reactions for first admission to any hospital. This change was brought about by an increase from last year for male personality disorder patients admitted for the first time to any hospital, and a decrease from last year for male schizophrenic reaction patients admitted for the first time to any hospital. Patients with schizophrenic reactions, however, still constituted the most frequent first admission to McLean and readmission to McLean.

7. As would be expected, younger patients constituted the largest number of first admissions to any hospital. In the past, first admissions to any hospital showed a steady decline from age 13 through age 60. This year, the second largest group of first admissions to any hospital occurred in the 31-40 year category, and occurred both for male and for female patients. As in recent years the largest proportion of patients with first McLean admissions continued to be for the 21-30 year category, and the ages 13-20 and 31-40 also continued to be high on first McLean admissions. As would be expected, patients in the age range 13-20 were not as numerous for readmission as they were for first admission. The highest propor-

tion for readmissions was for the 41-50 group, followed closely by the 31-40 group, although the latter continued to be predominantly for females. This year the 21-30 year group had fewer readmissions than in prior years, in both males and females.

8. The majority of discharged patients (59%) continued this year to be home destined. This represented somewhat of a drop from prior years, but can be accounted for by a new category added this year, "own apartment", which appears to have been distributed in earlier reports among "home destined" and/or "other destination". A much smaller but still appreciable number of patients (15%) were discharged to another psychiatric hospital or psychiatric ward of a general hospital. This was an increase from the 10% of prior years, but here, too, the increase was brought about by a new category—in former reports, discharge to a psychiatric wing of a general hospital appears to have been put into "general hospital discharge" and/or into "other destination".

9. The conditions of patients on discharge have remained relatively similar over the past few years: about 75% of the patients show some improvement on discharge, and about 20% show no improvement. This outcome is hard to interpret, since a patient's condition at time of discharge from the hospital's rolls is not usually his condition at the end of treatment, as most patients continue treatment for some time after discharge. Moderate and slight improvement continued to be the mode, with a little over 30% of patients for each category. In contrast to recent years, and despite their being a 2:3 minority, males "recovered" and "much improved" at discharge outnumbered their female counterparts.

10. Some discussion of length of hospitalization already appeared under section one. Here it only remains to take note of male/female differences. In the recent past, males, more often than to be expected from their under-representation in admission, discharge and residence, stayed in the hospital the briefest period of time—1-10 days. This trend is to be noticed again this year, though it is somewhat reduced. This year the trend for shorter stay among males also occurred for a stay of 11-30 days, although in past years the male/female ratio for this length of stay more nearly approximated the male/female ratio of the entire hospital. The greatest male/fe-

male disproportion for length of stay appeared this year for long hospitalizations: females outnumbered males 2.5:1 for stays of one-two years, and 4:1 for stays of two-five years and over five years.

JENNIFER KEMP, M.A.
Clinical Program Analyst
NORBETT L. MINTZ, Ph.D.
Associate Psychologist

McLEAN

TABLE I — PATIENT POPULATION 1965

CHARACTERISTIC		Beginning of Year October 1, 1965				Admitted During Year			
Total Number		In Hospital — 225 On Visit — 52						332	
SEX	Male	36%				45%			
	Female	64%				55%			
AGE		Male	Female	Total	% of Total	Male	Female	Total	% of Tot
	13-20	32	33	65	23	38	37	75	23
	21-30	31	33	64	23	34	35	69	21
	31-40	9	31	40	14	28	54	82	25
	41-50	7	19	26	9	20	27	47	14
	51-60	5	19	24	9	12	8	20	6
	61-70	7	14	21	8	15	12	27	8
	71-80	6	12	18	7	3	7	10	3
	81-Up	4	15	19	7	0	2	2	*
		101	176	277	100	150	182	332	100
DIAGNOSES									
Acute Brain Syndrome		1	1	2	1	3	0	3	1
Chronic Brain Syndrome		9	18	27	9	4	10	14	4
Mental Deficiency		0	0	0	0	0	0	0	0
Involutional Psychotic Reaction		0	2	2	1	1	2	3	1
Affective Reaction		5	11	16	6	7	21	28	8
Schizophrenic Reaction		54	82	136	49	56	64	120	36
Paranoid Reaction		0	2	2	1	1	0	1	*
Psychophysiological Reaction		1	3	4	2	0	1	1	*
Psychoneurotic Reaction		9	11	20	7	21	31	52	16
Personality Disturbance		13	39	52	18	54	43	97	30
Adjustment Reaction		9	7	16	6	3	10	13	4
		101	176	277	100	150	182	332	100

*Less than 1%

[OSPITAL

)66 BY SELECTED CHARACTERISTICS

ischarged During Year				Remaining at End September 30, 1966				Change During Year			
			306	In Hospital — 225 On Visit — 78		303				0 +26	+26
%				42%						+ 6 — 6	0
%				58%							
ale	Female	Total	% of Total	Male	Female	Total	% of Total	Male	Female	Total	% of Total
5	39	74	24	35	31	66	21	+ 3	— 2	+ 1	—2
4	36	70	23	31	32	63	22	0	— 1	— 1	—1
1	43	64	21	16	42	58	19	+ 7	+11	+18	+5
1	33	44	14	16	13	29	10	+ 9	— 6	+ 2	+1
8	11	19	6	9	16	25	8	+ 4	0	+ 4	—1
1	10	21	7	11	16	27	9	+ 4	+ 1	+ 5	+1
3	6	9	3	6	13	19	6	0	+ 1	+ 1	—1
2	3	5	2	2	14	16	5	— 2	— 1	— 3	—2
5	181	306	100	126	177	303	100	+25	+ 1	+26	0
4	0	4	1	0	1	1	*	— 1	0	— 1	—1
3	8	11	4	10	20	30	10	+ 1	+ 2	+ 3	+1
0	0	0	0	0	0	0	0	0	0	0	0
1	2	3	1	0	2	2	1	0	0	0	0
4	15	19	6	8	17	25	8	+ 3	+ 6	+ 9	+2
4	68	122	40	56	78	134	44	+ 2	— 4	— 2	—5
0	1	1	*	1	1	2	*	+ 1	— 1	0	—1
0	0	0	0	1	4	5	2	0	+ 1	+ 1	0
9	22	31	10	21	20	41	14	+12	+ 9	+21	+7
2	52	94	31	25	30	55	18	+12	— 9	+ 3	0
8	13	21	7	4	4	8	3	— 5	— 3	— 8	—3
5	181	306	100	126	177	303	100	+25	+ 1	+26	0

TABLE II — ADMISSIONS 1965-1966
BY PREVIOUS HOSPITAL EXPERIENCE, SEX AND RELATED OTHER CHARACTERISTICS

SCHEDULE A: SOURCE	*1st to Any*				*1st to McLean*				*Readm. to McLean*				*Total Admissions*			
	M	F	T	%	M	F	T	%	M	F	T	%	M	F	T	%
Home	27	39	66	55	21	25	46	39	20	36	56	59	68	100	168	51
General Hospital	5	13	18	15	5	10	15	13	3	3	6	6	13	26	39	12
Psychiatric Hospital	0	0	0	0	25	17	42	36	3	5	8	9	28	22	50	15
Other	20	16	36	30	8	6	14	12	13	12	25	26	41	34	75	22
Total	52	68	120	100	59	58	117	100	39	56	95	100	150	182	332	100
			36%				35%				29%					
SCHEDULE B: DIAGNOSIS																
Acute Brain Syndrome	1	0	1	*	1	0	1	*	1	0	1	1	3	0	3	1
Chronic Brain Syndrome	4	5	9	8	0	3	3	3	0	2	2	2	4	10	14	4
Involutional Psychotic Reaction	1	1	2	1	0	0	0	0	0	1	1	1	1	2	3	1
Affective Reaction	4	4	8	7	0	5	5	4	3	12	15	16	7	21	28	9
Schizophrenic Reaction	10	21	31	26	29	22	51	44	17	21	38	40	56	64	120	36
Paranoid Reactions	0	0	0	0	1	0	1	*	0	0	0	0	1	0	1	*
Psychophysiologic Disorders	0	1	1	*	0	0	0	0	0	0	0	0	0	1	1	*
Psychoneurotic Reactions	10	13	23	19	8	11	19	16	2	7	9	10	20	31	51	15
Personality Disorders	20	16	36	31	19	15	34	30	16	12	28	29	55	43	98	30
Adjustment Reaction	2	7	9	8	1	2	3	3	0	1	1	1	3	10	13	4
Total	52	68	120	100	59	58	117	100	39	56	95	100	150	182	332	100
			36%				35%				29%					
SCHEDULE C: AGES																
13 — 20	18	20	38	32	16	9	25	21	4	8	12	13	38	37	75	23
21 — 30	6	12	18	15	19	16	35	30	9	7	16	17	34	35	69	21
31 — 40	9	18	27	23	14	15	29	25	5	21	26	22	28	54	82	25
41 — 50	6	7	13	11	3	9	12	11	11	11	22	27	20	27	47	14
51 — 60	5	2	7	6	3	1	4	3	4	5	9	10	12	8	20	6
61 — 70	6	6	12	10	3	4	7	6	6	2	8	9	15	12	27	8
71 — 80	2	2	4	3	1	3	4	4	0	2	2	2	3	7	10	3
81 — Up	0	1	1	*	0	1	1	*	0	0	0	0	0	2	2	*
Total	52	68	120	100	59	58	117	100	39	56	95	100	150	182	332	100
			36%				35%				29%					

McLean Hospital

Table III

Discharges 1965-1966

By Sex and Selected Other Characteristics

DESTINATION	Male	Female	Total	%
Home (Parental or Marital)	71	110	181	59
Psychiatric Hospital (or Psychiatric Wing of General Hospital)	22	22	44	15
General Hospital or Nursing Home	2	4	6	2
School	2	1	3	1
Foster Home	4	12	16	5
Deceased	4	9	13	4
Own Apartment	15	13	28	9
Others	5	10	15	5
Total	125	181	306	100
CONDITION				
Recovered	8	2	10	3
Much Improved	17	13	30	10
Moderately Improved	29	66	95	31
Slightly Improved	45	60	105	34
Unimproved	22	30	52	18
Worse	0	1	1	*
Deceased	4	9	13	4
Total	125	181	306	100
LENGTH OF HOSPITALIZATION				
1 — 10 Days	10	12	22	7
11 — 30	24	22	46	15
31 — 90	41	52	93	30
91 — 365	37	55	92	30
1 — 2 Years	9	23	32	11
2 — 5	3	13	16	5
5 — & over	1	4	5	2
Total	125	181	306	100

* Less than 1%

Report of the Patient Education Department

Arlington School

THE school year 1965-1966 was marked by an increase in the number of students served and most particularly by the increase in the number of courses offered and in the size of the classes. The efforts of the School administration were concentrated on the development of a fully coordinated secondary school program which could provide for the needs of students from grades 9 through 12.

By September 1966, 26 courses in the major curriculum areas were available and the number of tutorial situations was sharply reduced. The increase in course offerings was accomplished with a small increase in the permanent faculty and staff. The summary at the end of the report illustrates these trends.

Acquisition of Equipment

At the same time as increasing the number and variety of courses, the curriculum was also expanded and enriched by the increased use of audio-visual educational materials. The Language Department acquired a projector, a tape recorder, a full three-year program in both French and Spanish and audio-visual materials for elementary Russian. For the use of the History, English, Mathematics and Science Departments, the School acquired two film projectors, a tape recorder, a slide projector and an audio notebook. Two classrooms were equipped with built-in screens and opaque drapes.

High School Graduate Program

The hospital has become increasingly aware of the educational needs of college students and other high school graduates who wish to do academic work during their hospitalization. The Arlington School counseled or assisted 35 patients in making further educational plans. Some of these enrolled in local schools, colleges and universities, either as regular students or in extension courses, and others were enrolled in courses in Linguistics, creative writing, Afro-Asian history and foreign languages offered at the Arlington School

and open to high school graduates who wish to continue academic work. Others have requested tutorials to pursue special interests.

Diploma and Commencement

Early in 1966 the School, with the approval of the hospital Trustees, made the decision to grant a diploma to those graduating seniors who have completed a college preparatory high school program. In order to earn this diploma, a student must have completed 16 high school courses: four in English, one in United States history, two in a foreign language, one in a laboratory science and two in mathematics, the other six credits being distributed in the major curriculum areas according to the individual student's objectives and interests. The first Arlington School commencement exercises were held in June, 1966, for a graduating class of 11 seniors. Two other graduating seniors were given diplomas by the schools from which they transferred on the basis of their previous records there and course work completed at the Arlington School. Of these 13 students, six were accepted into college and two others will be going to college after taking a year away from formal education.

The commencement exercises were held on the lawn in front of the School and were attended by friends and relatives of the graduating class and by staff and patients of the hospital. The Headmaster of the School presided, Francis de Marneffe, M.D., Director of McLean, delivered the commencement address, Mr. Ralph Lowell, Trustee, presented the diplomas and the Reverend Charles B. Bradshaw of All Saints Episcopal Church in Belmont gave the invocation and benediction.

Law 750

In September, 1966, the Arlington School in conjunction with the Outpatient Clinic of the hospital was designated by the Massachusetts Department of Education as eligible to educate emotionally disturbed adolescents who are unable to function in the public schools. This is under the provisions of Chapter 750 of the General Laws of Massachusetts.

The School has been in touch with the Guidance Departments of the school systems of neighbouring communities to explore transfer

possibilities for the future. The hospital has received applications from students to be considered for admission to a treatment program at the Outpatient Clinic and an educational program at the Arlington School.

Inservice Teacher Training

The faculty continued to meet in two weekly seminars, one with Thomas Frank, M.D., for the discussion of specific problems in educating the emotionally disturbed, and one with the Headmaster for the discussion of academic and operational problems.

Research

Last year the United States Office of Education funded a research and demonstration project under the direction of Helen Kenney, Ed.D., Associate Psychologist, McLean Hospital and Research Associate in Psychology, Harvard Medical School; William C. Kvaraceus, Ed.D., Research Associate in Education, McLean Hospital and Professor of Education, Tufts University; and Dr. de Marneffe.

The project brings together specialists in curriculum construction, cognitive psychology and psychiatry to work with the classroom teacher in the development of materials and methods of instruction which will meet the special learning problems of the emotionally disturbed adolescent. Work is concerned with two subject areas, English and History. The grant for $61,000.00 has been renewed for the year 1966-1967.

Staff Additions

The following have joined the faculty of the Arlington School: Miss Nancy Baumgardner, Mathematics and Science, formerly on the faculty of the Oldfields School, Maryland; Madame Bernadette Camus, Advanced French, formerly of the Buckingham School, Boston, and the Harvard University Language Laboratory; Miss Aviva Ginsberg, Modern Languages, University of London; Mr. Kenneth McElheny, English and Creative Writing, formerly on the faculty of the Phillips Exeter Academy, author of "The Teachers Guide" to the Scholastic Book Services edition of a collection of stories by Henry James, and co-editor of "Points of View," an an-

thology of short stories for use in secondary schools. Mr. McElheny also serves as a reader for the College Board Examinations; and Mr. John Willey, Mathematics, Science and Political Science, a former assistant to ex-U. S. Senator Ralph Flanders of Vermont, and former faculty member of Worcester Junior College, Worcester, Mass.

JOHN F. DUNN, M.A.
Headmaster, Arlington School

Summary of Student Enrollment, Curriculum, Faculty
High School Program

	Fall '65	Spring '66	Summer '66	Fall '66
ENROLLMENT				
Students with a full program	21	22	22	34
Students with a partial program	—	8	4	16
Students tutored	14	23	9	7
Total enrollment	35	53	35	57
Courses offered	10	14	6	26
Average class size	3.7	3.7	4.4	5.5
FACULTY				
Full time	5	5	6	7
Part time	3	7	2	5
Tutors	8	6	5	5
Total	16	18	13	17

Report of the Director of Internal Medicine

THE health of the patients and staff, directly supervised by Hershel Jick, M.D., Lloyd Potter, M.D., and Dennis Sloane, M.D., continues good. There were no major health problems in 1966 except for the usual epidemics of mild respiratory infections. This favorable state is owing not only to the abilities of the visiting physicians but also to the increased awareness of and interest in internal medicine exhibited by the residents. Although the system currently in force is clearly working well it would work better if a medical resident were here as well. The possibility of having the medical residents at the general hospital serve here in rotation is not to be dismissed.

The Clinical Laboratory, Miss Brenda Senior, Technician, continues to provide superior service with respect to laboratory tests. The number of tests performed and their nature appears to have become stabilized, except for some increase in the number of blood chemical tests ordered. It is evident that the staff here, like the staffs of probably every other hospital in America, orders too many tests. This is in large measure owing to what the staff learned while at medical school and at university hospitals. At the McLean Hospital there are marked unexplainable differences as regards reliance on these tests among the various members of the staff.

The work of the Pharmacy, under Mr. George Zager, has also become stabilized. Whereas the number of prescriptions filled rose annually in the recent past, there was no significant increase (i.e. only 1.5%) in 1966. The great increases that formerly occurred annually in the use of anti-psychosis drugs and tranquilizers were not evident in 1966; evidently the clinical staff has defined in its collective mind the place of these drugs in the treatment of patients here. During the year approximately 225 patients had approximately 150 prescriptions filled per day by the Pharmacy. Despite this semblance of stability in the use of the psychoactive drugs the Pharmacy records show marked changes in the use of individual drugs during the last decade. At the moment no reasons for these changes can be made out. It is possible that whim plays some part in the choice of individual drugs in the various drug groups. At any rate, the

evidence that the yearly increases in demands on the limited personnel, space, and facilities of the Pharmacy are at an end has caused a great feeling of relief in those who were aware of the trend.

Majic S. Potsaid, M.D., has continued his direction of the X-Ray Department and, with the help of Mr. Herbert A. Davidson, Technician, has maintained the roentgenographic service of which this hospital has always been justifiably proud. The total number of roentgenograms has remained constant for several years and as before, approximately 65% of the examinations were made on employees. Of the 1361 examinations, 1050 were of the chest. However despite all the improvements in the handling of the patients, trauma still is an important aspect of life in the hospital, as exemplified by the fact that almost 30% of the examinations of the patients were directed at the skeleton as compared with 11% in the case of the employees.

MARK D. ALTSCHULE, M.D.
Director of Internal Medicine

Report of the Director of Research in Clinical Physiology

THE educational program offered by the Laboratory staff promises to increase in extent and coverage. The course of weekly seminars on physiology, biochemistry, and pharmacology in psychiatry which was formerly voluntary is now required for first-year residents. In addition, informal consultations with individual members of the staff on these and related subjects have been increasing and now occupy two or three hours a week. The Harvard Medical School students assigned here for their regular course work in psychiatry continued to receive teaching from this Laboratory. During the past year, two Harvard Medical School students were assigned here for their tutorial work; one of them did enough work for both.

The main activity of the Laboratory, a study of the possible role of aminochromes in mental disease still continues, with the main emphasis on the development and validation of methods. Attempts to develop usable clinical methods have involved the use of chemicals that may produce porphyrins from the blood hemoglobin. Since porphyrin production is an undesirable complication in the methods now under study, a considerable amount of time has had to be devoted to the problem of minimizing or preventing interference by the porphyrins. During the year the work of the Laboratory received additional recognition in the form of requests to write review articles or chapters in books.

The Laboratory personnel are as in the report for last year. Mr. Zoltan L. Hegedus, the Chemist in the Laboratory, has been aided in his work by members of the Chemistry Department of Harvard University. The Technician, Mr. Joseph Giancola, has maintained his usual standards of performance. It is a pleasure once again to record our gratitude to the staff of the Metropolitan State Hospital for their helpfulness in making it possible to carry out some studies not possible here.

MARK D. ALTSCHULE, M.D.
Director of Research in Clinical Physiology

Report of the Director of Scientific Research

DURING 1966, J. David Robertson, M.D., Ph.D., resigned as Associate Professor of Neuropathology at Harvard Medical School, effective September 1, 1966, to assume the Professorship and Chairmanship of the Department of Anatomy at Duke University School of Medicine. He will remain on the staff of McLean Hospital until January 1967. Besides this major change, Chaim Mayman, M.D., resigned March 31 to move to the Beth Israel Hospital, Lucila Autilio, Ph.D., resigned in June to move to Philadelphia for personal reasons, Samuel Barondes, M.D., moved to Einstein College of Medicine in June, and Ambika Tolani, M.D., returned to India in October.

There were ten additions to the staff: In January, Afzal A. Kahn, Ph.D., joined the staff on a National Multiple Sclerosis Society Fellowship, and Pierluigi Gambetti, M.D., joined as Research Fellow in Biophysics on an Italian Government Fellowship. In April, Camillo Peracchia, M.D., came as Research Fellow in Biophysics, and in June, Rainer Martin, Ph.D., in the same category. In September, Marjorie B. Lees, Ph.D., joined as Associate Biochemist, and Jorge Leston, M.D., as Research Fellow in Biochemistry. In October, Francisco Gonzalez-Sastre, M.D., joined on a Juan March Foundation Fellowship, and Kohei Hayashi, M.D., on a National Multiple Sclerosis Society Fellowship. Finally, in November, Raymond Lasek, M.D., came as a U.S.P.H.S. Fellow. Of these appointees, Dr. Gambetti resigned in June to move to Philadelphia.

With these changes, the Research Laboratory staff comprises at the end of 1966, 20 professional people, 12 research assistants, 3 laboratory assistants, 3 secretaries, 1 photographer and 1 machinist, a total of 40 people, representing an increase of four persons over the level at the end of 1965. This increase will be cancelled by the anticipated moving of Doctors Robertson, Peracchia and Martin to Duke University at the end of January, 1967.

During the year, the Laboratory received grants-in-aid from the National Institute of Health totaling $511,082, of which $427,095 were for direct costs, and $83,987 for indirect costs.

Of these funds, $29,142 were returned to the U. S. Public Health Service upon Dr. Mayman's resignation, and ca. $23,800 will be similarly returned upon cessation of the operations of Dr. Robertson's group. In addition, one grant was for two years and only half, i.e., $36,732 will be available for the first year. These sums, however, have been offset in part by the availability of $17,157 from an Air Force grant received last year, $36,000 from a grant received from the National Sciences Foundation two years ago, $11,000 contributed by the Ford Foundation grant received in 1956, and of $2,700 made available by a grant received in the preceding year from the Scottish Rite Committee on Research in Schizophrenia. In summary, the funds available for the year have been $488,265 of which $409,543 have been for direct costs, and $78,722 for indirect costs.

The total of $488,265 compares with $419,520 available for 1965. The substantial increase corresponds, in part, to a normal expansion of activities and, in part, to increases in operating costs and salaries.

The scientific work carried out during the year was reviewed by the Advisory Committee on January 27, 1967. It is summarized below under three different headings, namely, Biochemical Studies, prepared by the undersigned; Neuropathological Studies, prepared by Alfred Pope, M.D.; and Biophysical Studies, also prepared by the undersigned.

Biochemical Studies

The work during the year has been the continuation and elaboration of earlier work and has continued to represent a broad attack on the biochemistry of the nervous system in health and in disease. It has consisted mainly of the study of the macromolecular species present in brain, their biosynthesis, their catabolism, and their function. There has been an increased emphasis on metabolic studies. Specifically, the work has dealt with gangliosides and the accompanying peptides; proteolipids, their purification, biosynthesis in neural and non-neural tissues, reaction with amines, and their properties and interrelation with cations; heart proteolipids; the germane question of polyphosphoinositides, their changes in brain with age, biosynthesis and the enzyme systems concerned with their breakdown; the composition of isolated myelin; the structure of

various glycolipids; cerebrosides and sulfatides in developing brain; the chemical synthesis of sulfatides and related compounds; inositol metabolism and transport; the chemical pathology of metachromatic leucodistrophy; the chemistry of kidney plasma membranes; the possible chemical aspect of memory and learning; and with the constant overhauling and development of analytical and preparative methods.

Mr. Richard Quarles has continued his work on gangliosides and the polypeptides that accompany them. He has succeeded in defining more precisely some of his earlier observations. The work, interrupted by his departure, has been taken over recently by Dr. Gonzalez who has started a detailed study of the effect of extended dialysis in water on the composition of total brain gangliosides. The preliminary observations confirm that after an initial massive dialysis of non-ganglioside contaminants, there is an exceedingly slow rate of dialysis extended over months. This behaviour, which is also observed in dialysis in methanolic solution, suggests that gangliosides, which are present in water solution as micelles of a micellar size of about 250,000, undergo slow depolymerization into dialyzable monomers or oligomers.

In the study of proteolipids, Jordi Folch-Pi, M.D., Director of Scientific Research, has found that white matter proteolipids will precipitate quantitatively from 1:1 chloroform:methanol at –50° and that this permits a three-fold purification from total lipid extracts in one single step. By comparison, heart proteolipids remain in solution.

By combining precipitation with diethylether, chromatography on Sephadex and chromatography on Dowex, Lewis C. Mokrasch, Ph.D., Associate Biochemist, has devised a simple method for the preparation of proteolipid protein essentially free of lipids. When a solution of this preparation in chloroform:methanol is treated by passage of a stream of air, or nitrogen, with controlled addition of water, the solvent changes gradually into pure water without precipitation of the proteolipid protein. The final product is a water-soluble proteolipid protein preparation.

Doctors Mokrasch and Tolani have studied the incorporation of ^{14}C-amino acids into proteolipids in subcellular particles of organs other than brain. They have found heart and liver mitochondria to

be specially active, the incorporation being stimulated by ribonuclease and inhibited by chloramphenicol and sonication, as is the case with mitochondria and synaptosomes from brain. The cofactor requirements of rat heart and liver mitochondrial proteolipid synthesis are similar to those of rat brain mitochondria and synaptosomes.

Dr. Mokrasch, in a continued study of earlier work which showed that proteolopids will combine with tryptamine and some other amines, by an apparently non-enzymic mechanism, has obtained further proof that tryptamine is bound in proteolipid by covalent bond(s). Thus tryptamine in combination with proteolopid is not accessible to dinitrophenylation or to fluorodinitrobenzene. On hydrolysis by formic acid, a mixture of peptides containing the bound amine and separable by gel filtration and electrophoresis is obtained. That tryptamine is bound in proteolipid unchanged is shown by the results of total acid hydrolysis of the proteolipid which permits the recovery of free tryptamine. Pure proteins other than proteolipid also incorporate amines irreversibly but to a lesser extent than proteolipids.

Dr. Mokrasch has developed a method for the simultaneous determination of amines, amino acids and proteins in mixtures which is based on the reactions of these substances with trinitrobenzenesulfonic acid. The method gives precise recoveries of each group of substances in presence of the others.

In a study of the incorporation of ^{35}S sulfate into sulfatides by brain slices, Dr. Mokrasch found that an earlier observation which suggested that acetylcholine greatly stimulated incorporation was in error because of inadequate removal of the radioactive precursor. Upon correction of this error, he found that, in fact, the presence of acetylcholine and eserine inhibit the uptake of radiosulfur in a number of incubation media of varied electrolyte composition.

Joseph Eichberg, Ph.D., Assistant Biochemist, has continued his study of heart proteolipid. He has further documented the occurrence of cardiolipin as the principal phospholipid present in heart proteolipid and the absence from it of polyphosphoinositides. He has purified it by molecular sieving on polystyrene gel and on alkylated Sephadex. The resulting product is different from white matter proteolipid in its amino acid composition, its tightly bound

lipid, and some of its physical properties as indicated by its chromatographic behaviour and its solubility in chloroform:methanol at low temperatures.

Dr. Eichberg, and George Hauser, Ph.D., Associate Biochemist, have collaborated most effectively on various aspects of the biochemistry of polyphosphoinositides. In a study of developing rat brain, they have found that both tri- and diphosphoinositides are essentially absent before the second day after birth, and that their concentration increases fivefold from the seventh to the thirty-fourth day. This finding corresponds to the earlier observation of Folch, *et al,* of an almost parallel increase in neurokeratin with age in the mouse brain. The rate of incorporation of ^{32}P in all three phosphoinositides is greater at 17 days than either at 10 or at 34.

Doctors Eichberg and Hauser have also initiated a study of the biosynthesis of brain polyphosphoinositides in rat brain homogenates. The preliminary observations indicate that the synthesis occurs by stepwise phosphorylation of phosphatidylinositol by ATP to form di- and triphosphoinositide. There appears to be an age effect with increased synthesis of TPI with age. They have also initiated a study of the TPI hydrolyzing enzymes in brain tissue.

Dr. Eichberg and Helen H. Hess, M.D., Associate Neuropathologist, have studied the phosphatide composition of frog retina, and dark adapted retinal rod outer segments. This factual information is part of the long range study of retinal rod outer segments that has engaged the activities of Doctors Hess and Robertson for the last three years.

Dr. Autilio, in the few months prior to her departure to Philadelphia in June, studied the extraction of proteins from myelin by aqueous dilute HCl. Apparently she succeeded in obtaining the basic protein obtained earlier from total white matter by Martenson, and an acidic protein. In addition, she prepared water-soluble proteolipid protein from isolated myelin.

Dr. Lees, who rejoined the laboratory staff from Dartmouth in September, has initiated a program of study of developing procedures for the enzymatic degradation of proteolipids, continuing her earlier finding that trypsin, to which proteolipids are impervious, appears to cleave them in presence of Triton X-100. Also, in collaboration with Dr. Leston, who came with her from Dartmouth,

she is expanding her former important observations on the dramatic effect of salt concentration on the amount of proteins that are extracted from brain tissue with chloroform:methanol.

Dr. Hauser has continued his study of cerebrosides and sulfatides in the developing rat brain. The estimation of sulfatides in the range suitable to their concentration in brain prior to myelination has proved difficult but enough advance has been made to permit the preliminary conclusion that sulfatides follow in their accumulation a pattern similar to cerebrosides, i.e., the accumulation is temporarily related to myelination.

In a continued study of the active inositol transport in kidney, Dr. Hauser has documented further the ionic requirements, the effect of inhibitors, and the gas requirements. He has found that optimal operation of the system requires K^+ (or Rb^+), Ca^{++} and Mg^{++} (or Sr^{++}). The inhibition by ouabain is decreased by increased concentrations of K^+ and Rb^+. An apparent effect of CO_2 has been noted.

Dr. Khan has studied the fate of U-^{14}C-glucose in cholesterol, total phospholipids and total lipids of subcellular fractions of brains of six week old and of adult rats. Mitochondrial cholesterol and myelin cholesterol are found to be metabolically stable in both young and adult rats. Cholesterol appears to be metabolically stable in all subcellular fractions of adult brain. Phosphatides turn over in all fractions, the lowest rate of turnover being found in adult myelin.

Pierre J. Stoffyn, Ph.D., Associate Biochemist, and Anne M. Stoffyn, Ph.D., Assistant Biochemist, and their group have continued their work on the structure and the chemical synthesis of cerebrosides, sulfatides and related substances. They have established the structure of ceramide dihexoside sulfate. They have synthesized a number of intermediates towards the very difficult synthesis of galactose 3- and 6- sulfates.

In collaboration with Michael Malone, M.D., they have found that in metachromatic leucodystrophy (MLD), sulfatides and cerebrosides are increased in peripheral nerve. They are both normal in composition and structure. The fatty acid pattern differs from that of brain and the deficit in cerebroside long chain acids, which is observed in brain of MLD cases, is not found in peripheral nerve.

Dr. Malone has isolated plasma membranes from kidney and studied them chemically and by electron microscopy. The sulfatide bound in these plasma membranes is a ceramide monohexoside sulfate. This suggests that this membrane may represent the primary site of involvement in MLD.

In addition, Dr. Malone has studied the lipid composition of the brain of one case of hereditary posterior radiculoneuropathy of Denny-Brown. A general decrease in lipid components has been found and in gray matter there is a striking loss of gangliosides in the more affected areas. This corresponds to a marked neuronal loss as revealed by pathological studies.

During the year various groups have studied the use of alkylated Sephadex as molecular sieves for the fractionation of lipids in general, and the purification of proteolipid in particular. Dr. Mokrasch has used it as a step in his method of purification of proteolipids. Dr. Malone has studied the behaviour of various proteolipid preparations in methylated Sephadex G-100. With Sephadex LH-20, Dr. Stoffyn has observed that proteolipids come out with the void volume. Finally, Dr. Eichberg has applied it to the purification of heart proteolipid. It is clear from all this experience that alkylated Sephadex offers great promise for the purification of proteolipids and, possibly for establishing physical homogeneity or heterogeneity.

Dr. Hayashi, who joined the staff in October, has started a long range plan of study of polyphosphoinositides which complements but does not overlap the work of Doctors Eichberg and Hauser.

Dr. Barondes, until his departure to Einstein College of Medicine, continued his work on the effect of protein synthesis inhibitors on retention of information. He found that cyclohexamide did not have any effect on learning and retention in spite of a marked inhibition in protein synthesis. These observations should be judged preliminary but they illustrate the pitfalls to be encountered in the greatly challenging field of study of biochemical counterparts of learning and experience.

Biophysical Studies

The major part of the time and effort of Dr. Robertson was spent setting up his new facilities as Professor and Chairman of the

Department of Anatomy at Duke University School of Medicine. Hence, the operations specifically carried out at McLean consisted of a phasing-out of the project. Specifically, it involved the development of a new method for the preparation of freeze-fracture platinum carbon replicas of retinal rod outer segments. Apparatus has been constructed following a method of Bullivant and preliminary work has shown that the technique works and is capable of yielding new information about membrane structure. In essence, this technique involves freezing a piece of tissue in liquid nitrogen, fracturing its surface, and keeping the fractured surface under liquid nitrogen until a moderate vacuum has been developed around it. The method allows the fractured surface to be protected completely from contaminating vapors from the vacuum system. Certain kinds of structure that had been thought to be significant in freeze-fracture methods of another type have been shown to be due to vapor contamination of the surface within the vacuum system.

X-ray diffraction studies of retinal rod outer segments have, unfortunately, not been continued this year because of difficulties with the x-ray diffraction apparatus.

Studies have been carried out during the year on the structure of the mouse urinary bladder epithelial cells. A hexagonal pattern of substructure present in the plane of the membranes, very similar to that seen in the synaptic disks of goldfish brain, has been demonstrated. This confirms a similar finding published recently by Keift Porter.

In addition, research in biophysics has benefited by the work of Doctors Gambetti, Peracchia, and Martin, three post-doctoral fellows, and of two students. Dr. Gambetti has worked out on the ultrastructure of muscle, Dr. Martin has studied the effects of snake venom and phospholipase A on sensitivity to acetylcholine fibers. Dr. Peracchia has studied the effects of stimulation on the ultrastructure of the giant fiber synapse system in the abdominal ganglia of crayfish.

Finally, Mr. John Heuser and Mr. Steven Waxman have pursued various short term studies. In all cases, the observations are preliminary in nature and will be continued at Duke University, therefore, are only mentioned here to round out the picture of Research in Biophysics in the last year of Dr. Robertson's stewardship.

Neuropathological Studies

(This portion of the Report submitted by Alfred Pope, M.D.)

THE work of this section of the Research Laboratory has included further studies on regional micro-neurochemistry, on selected problems in microchemical neuropathology, and on the *in vitro* biology of normal and neoplastic brain cells. Progress during 1966 may be summarized under the following headings:

Microchemical architecture of mammalian cerebral cortex (Doctors Bass, Hess, Pope and Miss Thalheimer). Experiments have continued on the chemoarchitectonics of rat and human isocortex according to established rationale and research design for ascertaining the intracortical distributions of chemical constituents in relation to histological fine structure.

A series of studies on the chemistry of myeloarchitectonics in rat somatosensory isocortex has shown that as in human cortex, cerebrosides, proteolipid proteins and cholesterol display intralaminar profiles that can be correlated in detail with the stratification of myelinated axonal plexuses. This is consistent with and provides further confirmation for the immediate relationship of these chemical structural components to the composition of myelin.

A parallel study on the quantitative architectonic distribution of gangliosides showed these glycolipids to have a pattern similar to those previously found for activities of the enzymes acetylcholinesterase, Na^+ and K^+ stimulated adenosinetriphosphatase and Ca^{++} stimulated ATPase. These have been interpreted as indicative of localization in the dendritic and axonal membranes and synaptic junctions that comprise the chief elements of the cortical neuropil. An analogous ganglioside pattern has been found previously in this laboratory for human cortex; both observations are consistent with a wide spectrum of evidence indicating gangliosides to be constituents of neural plasma membranes.

Quantitative intralaminar distributions of neurons and neuroglia in rat isocortex and subjacent white matter have been determined by means of differential cell counts and assays of DNA concentrations. This has represented an effort to amplify and refine previous studies on the quantitative anatomy of rat cortex. In summary, the results

showed anticipated elevations of DNA and neuron populations in layers II and IV with lesser increments, relative to adjacent zones, in layers Va, Vc and VIa. Total glial (actually non-neuronal) cells were relatively numerous in layer I and showed a predictable rise in layer VIb extending into subjacent white matter.

Dr. Bass has continued and completed his study of the chemoarchitectonic correlates of experimental cyanide encephalopathy in the rat. The cortices of animals sacrificed five hours after a single sublethal dose of KCN showed a loss of DNA, residue protein, and gangliosides, but no change in myelin lipids. However, in animals given repeated sublethal doses and allowed to survive for 30 days, there were decreased concentrations of cerebrosides and increased levels of residue proteins in the subcortical white matter which was also the site of a severe demyelinative lesion. Cortical gangliosides, on the other hand, were within normal limits. These results are consistent with the supposition that the acute hypoxia of cyanide intoxication produces demyelination by injury to oligodendroglia and accompanying edema. They suggest that a similar mechanism might account for the white matter lesions that may accompany post-hypoxic neurologic deterioration in man.

During 1966 a single autopsy specimen of human brain from a case of anorexia nervosa was subjected to partial microchemical analysis. Cortical concentrations and intralaminar distributions of cholesterol, DNA and total protein were within normal limits (Dr. Lasek). No significant histopathological changes were observed.

Microchemistry of nervous system plasma membranes (Dr. Hess and Mrs. Devarakonda). Studies have continued, in parallel with Dr. Robertson's group, on the microchemical and ultrastructural properties of frog retinal rod outer segments (ROS). These organelles are being studied as examples of modified neuronal plasma membranes with known transducer properties and which can be obtained in relatively good yield in a highly purified form. During 1966, improvements in preparative steps using high speed centrifugation of ROS suspended in Ficoll density gradients have been achieved. The density of the ROS themselves has been ascertained to be 1.09.

In collaboration with Dr. Eichberg, phospholipid profiles of purified ROS have been determined. Results on dark-adapted, dark ex-

tracted ROS are distinctly different from those on fresh frozen frog retinas partially denuded of ROS. Like previously reported results on enzymes, they indicate simplicity in composition. No other organelle shows as high a fraction of its lipid phosphorus as phosphatidyl choline, phosphatidyl ethanolamine and phosphatidyl serine. Low values for cardiolipin indicate that mitochondria from the inner segment are a minor contaminant only.

Other studies on the chemical composition of purified ROS (dark-adapted) show the following ratios: proteolipid protein to total protein 0.1; phospholipids to total lipids 0.7; cholesterol to lipid hexose (moles) 1/1; and cholesterol to lipid-P (moles) 1/4. Gangliosides were not identifiable in partitioned total lipid extracts. The sialic acid that was detectable in ROS preparations is presumed to be a substituent of a polysaccharide-protein complex and is sufficient in amount to impart a negatively charged surface to these organelles analogous to that of erythrocytes.

In vitro biology of normal and neoplastic brain cells (Doctor Shein, Miss Lantz and Mr. Dixon). Particular effort has been directed toward induction of neoplasia in dispersed brain cell cultures of newborn and fetal Syrian hamsters by exposure to the oncogenic virus, simian virus 40 (SV_{40}). It has been found that SV_{40} does indeed result in cytomorphological transformation in newborn and fetal brain cultures, and that the transformed cells will produce neoplasms in hamsters *in vivo.* The minimal oncogenic dose of SV_{40} is the same as that for inducing transformation in kidney cultures although action upon the latter is more rapid. It seems probable from the morphological cytopathic effects of SV_{40} that the virus produces increased nuclear synthesis and abortive cell division in most of the fetal brain cells (neuroglial and meningeal) growing *in vitro.* In the case of newborn brain cultures, the cytopathic effects indicated that again nuclear synthesis had been stimulated but without concommitant increased cell division. In both instances, incremental growth rate was accompanied by numerous abnormal mitoses and multinucleated cells. The presence of the SV_{40} genome in transformed cell lines was established by identification of its specific nuclear (T) antigen as demonstrated by immunofluorescence.

When transformed cell lines were inoculated into suckling hamsters, they invariably produced rapidly growing and lethal neo-

plasms at the sites of inoculation. Cell lines having the characteristics of astrocytes *in vitro,* resulted in tumors *in vivo* with the gross and microscopic morphology of glioblastoma multiforme. Other cell lines induced lesions with biological and pathological characteristics consistent with a mixed tumor including elements of ependynoma, meningioma, and undifferentiated sarcoma.

In collaboration with Doctors Richard Wurtman and Julius Axelrod of the National Institutes of Health, studies have been made on serotonin synthesis by rat pineal glands in organ culture. When incubated with a tryptophan containing medium, pineal cells synthesized serotonin readily showing that they contained both tryptophan hydroxylase and 5-hydroxy-tryptophan decarboxylase activities; results of studies using both tryptophan and 5-hydroxy-tryptophan containing media indicated that for serotonin synthesis by pineal cells *in vitro* the hydroxylation step is rate determining.

JORDI FOLCH-PI, M.D.
Director of Scientific Research

Report of the Psychology Department

THE Psychology Department continued its major functions of psychological testing, research, teaching and psychotherapy. A total of 726 tests were administered to 185 patients during the year. Through participation in the over-all clinical evaluation of patients, gathering follow-up data on the patients and discussions with the psychiatrists in charge, we find that the test results are most helpful in answering questions about diagnoses, depth of pathology, brain damage, impulsivity and suicidal potential. We have also been participating more in the periodic reviews of the patient's progress and patients are often retested after they have been in the hospital for six months or longer in order to evaluate the effectiveness of the treatment program. Although all newly admitted patients are not routinely tested, almost all those under 21 are. Since the majority of our adolescent patients are enrolled in the Arlington School, psychological testing has become part of the necessary data in planning the school program and understanding academic difficulties when they arise.

Teaching activities have included a course in Introductory Psychology given by Scott Reinhardt, M.A., to the student nurses, a seminar on The Theory and Practice of Psychological Tests given by Irene Pierce Stiver, Ph.D., to the residents and several meetings each month with the medical students. The department was awarded an NIMH training grant which began in September of this year and this has allowed us to expand our intern training program significantly. Robert D. Schnitzer, Ph.D., is the Director of the Training Program and is responsible for coordinating the activities of the interns in the various clinical settings (inpatient service, Outpatient Clinic, at McLean and the Beaverbrook Guidance Center). Although the program is relatively new, many applications have already been received from a wide range of geographical areas. This year four interns were accepted, three of whom are supported by NIMH stipends and one is supported by hospital funds; Darrell Dawson, B.A., is a graduate student in the Department of Clinical Psychology at Adelphi College, Bonnie Lea, M.A., is a graduate student at Boston University, Michael Moses, B.A., is a graduate student at the

University of Buffalo, and Michael Reiter, Ph.D., completed his graduate training in Clinical Psychology at the University of Texas in June, 1966. The interns receive experience and training in diagnostic testing, interviewing, psychotherapy and research, working with adult and adolescent patients at the hospital and with children at the Beaverbrook Guidance Center.

The growth of the Outpatient Clinic has required more services this year from the Psychology Department and both Richard Bonier, Ph.D., and Mr. Reinhardt have become involved in various aspects of the clinical activities. In addition to seeing patients in individual psychotherapy, Dr. Bonier has had considerable success with a group of patients he sees each week who have had long periods of hospitalization in the past; his therapeutic work with these patients has contributed significantly in helping them maintain themselves within the community. Dr. Bonier is also working with Jacob Christ, M.D., and Shirley Goldstein, M.S.W., in the development of a research project concerned with an investigation of factors in family pathology as they contribute to the difficulties children have in resolving the crises of adolescence. Since the training program in Clinical Psychology requires that the interns spend a substantial amount of time in the outpatient setting, Dr. Bonier will be assuming more responsibility this year in the supervision and training.

Dr. Stiver has continued as a research consultant on the staff of the James Jackson Putnam Children's Center, Dr. Schnitzer, in conjunction with Alfred H. Stanton, M.D., and other members of the staff, is investigating the content and process occurring in psychotherapy transactions, and Dr. Bonier is continuing his research which is directed toward investigating relationships between psychosomatic illness and defense hierarchies. Mr. Reinhardt's research on comparative evaluation of mood states over a period of time in hospitalized and non-hospitalized adults is almost completed. Dr. Schnitzer, Dr. Bonier and Dr. Reiter have recently begun an investigation to determine those factors which influence the elevation of some aspects of cognitive functioning.

In September, 1966, Norbett Mintz, Ph.D., was awarded an NIMH Career Development Grant for investigating ethnic factors in psychopathology, and he together with Sophie Mintz, Ph.D.,

also received a grant from the Medical Foundation for their work on family constellation in psychopathology.

We are happy to announce the appointment of Marvin Snider, Ph.D., to our staff. He is particularly interested in both the clinical and research aspects of Family Therapy and is participating with other staff members in the development of a Family Therapy program at McLean.

IRENE PIERCE STIVER, Ph.D.
Director of the Psychology Department

Report of the Public Relations Department

COMMUNICATIONS through the printed word and giving a contemporary look to the hospital's "printed face" continued to be the Public Relations Department's major emphasis during its second year. The Public Relations Committee met monthly to guide the department's work and to review drafts and designs of all material before publication. Printing was produced which was initiated by the Public Relations Office to fill general hospital communications needs as well as work produced specifically at the request of other departments such as the School, Personnel, Social Work, Psychology, and Residency Training.

General Information Projects

The first issue of the *Newsletter* made its appearance in 1966 with a circulation of 3500 distributed to the Corporation, Trustees, Staff, Auxiliary, Volunteers, nursing alumni, staff alumni, and referring doctors, as our major audiences. The purpose of this publication was to give general information to all the groups of people connected with the hospital, those on the grounds and those outside in the community. It was conceived as the major communications link with a wide audience and has met with great success and ever expanding circulation.

A brochure, "Information for Families", was reprinted in a new, contemporary format with photographs. Although addressed to families, it was found to be an excellent description of the hospital for the general public and was distributed in waiting areas, to tour groups and at several professional meetings in Boston.

"The Globe Supplement" continued to be a popular item for the general public and when the original color reprints ran out, black and white copies were ordered with the Boston *Globe's* permission.

Another item of general interest, mimeographed "Historical Notes about McLean," was distributed to personnel, tour groups and waiting areas. It was put together by an interested amateur, and has filled a need for easily obtainable historical facts about McLean. But the department would welcome anyone else's further writing and editing efforts.

Producing brochures brought to light the fact that we needed a good map showing how to get to McLean from Boston. A letter from Beaverbrook Guidance Center also pointed up the fact that our traditional Pleasant Street address was misleading to newcomers and visitors because the hospital's automobile entrance was now on Mill Street. So the address was changed. With good maps and an accurate address we hope we have lessened or eliminated any of the public's frustration in reaching the grounds.

As the hospital continued to honor requests for tours from visiting lay groups as well as professionals, the Auxiliary, and our own employees, we handed out a great deal of literature. New patients were also each supposed to receive kits of hospital information. The multiplicity of handouts grew so numerous that we designed a special McLean pocket folder in two sizes in order to organize the material in one attractive package, a large folder for general information items and a smaller one for the Personnel Office. New employees now receive the smaller, cheerful, bright yellow, McLean folder with all their personnel information, and patients and tour groups receive the larger folders of general information material.

Departmental Projects

A large publication project was started for the Arlington School. A brochure was needed describing its purpose and curriculum. It was written in the spring and summer and started production in the fall. The Public Relations Department was also involved in the design and printing of the School's first diplomas, graduation invitations and programs. In the winter the department was in charge of invitations and programs for the Social Work Symposium. Mainly as an outgrowth of these two events it was felt that printing of all sorts which was mailed out to the public from any department should be coordinated as far as quality and design through one office. It was proposed and accepted through the Public Relations Committee that the Public Relations Department would be the responsible office.

Smaller printing projects, recruitment brochures, were completed for the Psychology Department and the Residency Training Program during the course of the year.

Special Events

Special events make many friends for the hospital. The Department was involved to a greater or lesser degree in some of these activities. Whatever our involvement we were always appreciative of the good public relations which each event created through visitors learning about McLean.

The Social Work Symposium brought 500 guests to the grounds in February for a highly successful, professional meeting. The quality of the program and the attractiveness of the event surely made many friends for the hospital.

Two other smaller special events were also held during the year, the first was a tour and luncheon especially for members of the MGH's Ladies Visiting Committee in May. The second was a dinner in September for members of the National Association of Private Psychiatric Hospitals attending the A.P.A. Mental Hospitals Institute and faculty of the Institute. Although mentioned previously in another context, the Arlington School graduation was also a special event for a very special group, the parents of patients completing their schooling. The ceremony created a special pride and warmth throughout the whole McLean community. Its internal impact on the hospital staff was exciting and significant.

Employee Relations

Speaking of "internal impact" brings me quickly to an area where the Public Relations and Personnel Offices have done new work. The departments have instituted monthly orientation meetings for all new employees. "Old" employees are also urged to attend. These meetings combine a talk and a tour to patient halls.

The value of these meetings has been demonstrated by the enthusiastic and thoughtful comments of employees interviewed in a brief preliminary survey after the first four meetings.

Although the point may be obvious to some, the philosophy behind the program can bear repeating, namely, that any institution's personnel is its most important "public". It is vitally important that McLean's own employees understand what the hospital is trying to do, how the administration wants it done, what the "big picture" is in terms of where the hospital is headed in the future, what the heart of the hospital looks like—its patient areas. We have tried

to provide this kind of information and pride in the institution through inviting personnel to see the good work being done in all key areas.

Another one of our concerns for employees was the lack of a newspaper containing inside news, news mainly of interest to people working on the grounds. Once the *Newsletter* was launched we tackled this problem and started the *Bulletin* in October. It is a monthly, informal, mimeographed publication aimed to give employees frequent news about people, plans, announcements, reporting anything of interest going on around the hospital. It is too early to tell, but we hope it fills the bill and we will continue to perfect its contents to meet employee expectations.

Publicity

Stories in the press are what most people think the public relations job is all about. Actually, news stories have taken only a small portion of our time this past year, other work having squeezed this activity down to a bare minimum number of news releases. Appointments to the staff, the Social Work Symposium, the School's graduation ceremony, and the Auxiliary Seminars all received attention. The School graduation was written up by the Associated Press and was printed in newspapers all across the country. A Boston *Globe* story about the Auxiliary Seminars drew our best local publicity.

The hospital Press Guide was also brought to near completion for distribution during the winter.

The Office

In reviewing our work, I can only say we could not have completed half of it without the hard work and stamina of my assistant, Joan Young, and all the patients who have supplemented our office force. We could not do our work without them. Secretarial help has been unsteady, yet the demands on the office have never diminished and deadlines have had to be met.

The move to new and larger secretarial offices in the summer was a great relief and provided excellent space for all our volunteers to gather to type, answer telephones and help us with team jobs—collating, stapling, stuffing information kits, a never-ending process.

The administration has always graciously helped us solve our problems, as well as all other departments, especially Mr. Edward Mulligan of Purchasing. We are most grateful and continue to thrive.

BARBARA R. HOPKINS (Mrs. J. C.), B.A.
Director of Public Relations

Report of the Activity Therapies Department

HAVING set as its primary goals enhancement of the therapeutic impact of day by day ward and hospital community life, and the provision of more helpful activity treatments, the Activity Therapies Department had a most rewarding year. Staff members found their efforts to weave activities into the ongoing social process on living units increasingly well received by both patients and hall staffs. There was more frequent use of activity therapists as resource persons and consultants in connection with hall-initiated activities. Conversely, department members continued to benefit greatly from insights into individual and group behavior provided by doctors, nurses and social group workers. Support from service departments in the development and implementation of new programs this year was truly noteworthy, and a sense of involvement in patient treatment was felt by these joint clinical service teams as patients gained greater accessibility to all parts of the hospital operation.

Examination of technique and acquisition of knowledge into the meaning of activity, so important to the development of this young field as a profession, proceeded more systematically this year through the use of regular supervision and in service training. This has resulted in more thoughtful application of programs and more beneficial use of relationships and will continue to be a major focus of work in the coming year.

The following review of sub-departmental functions illustrates some of the general trends referred to above:

Occupational Therapy: Mrs. Jean Weatherbee was promoted to Supervisor, and Miss Elsilyn Berrill was appointed to fill the vacancy created by Mrs. Bette Goldstein Kraut's marriage and subsequent resignation. Mr. Blake Miller, Manual Arts Instructor, who retired after many years of faithful and competent service to McLean, was replaced by Mr. William Balmer. With the collaboration of the Dietary, Purchasing, and Nursing Departments plans were completed for the provision of cooking equipment and food staples to all halls to make it possible for patient groups to make meal planning and sharing a significant and profitable social experience. Similarly, moves toward involvement of occupational therapists in hall

decorating projects were instituted with the aid of the Purchasing Department and hospital administrators. Geriatric and middle aged patients came into more meaningful contact with clinic and therapists. Individuals and groups of all ages responded positively to the structuring of increased appointment times after some initial reluctance to move from the familiar, less intensive "hobby shop" tradition. After a very successful clerkship experience for six students from Boston School of Occupational Therapy, Tufts University, plans are being made to resume a full affiliation program.

Recreational Therapy: Miss Constance Barber was named as Aide to replace Miss Lynn Robertson who left to be married. The appointment of Mr. Joel Davidson as Staff Therapist and Miss Valerie Clark as Aide increased the complement and made possible a greater number of athletic and social programs. Social dances geared to the tastes of rock 'n' roll fans as well as the Glenn Miller generation, folk songs, play reading, bowling, inter-hall, patient-staff and hospital-community athletic competition, and trips into the community continued to be well used. Social evenings for elderly patients and a Teen Lounge both initiated jointly with occupational therapists, proved to be very beneficial. Psychomotor therapy, the newest addition to the Activity Therapies armamentarium, was introduced and some initial training in its use provided to staff members by Mr. Albert Pesso, its creator. It is hoped that increased use will be made of this treatment method in the coming year. Gymnasium renovations currently in progress promise a brighter, more stimulating setting for social and athletic interaction.

Creative Arts: Mrs. Helga Haendel was promoted to Supervisor. The Studio was moved to more spacious quarters in the Gymnasium and patient use of the program rapidly increased. Mr. John LeGates was appointed Horseback Riding Instructor and daily individual instruction was offered, complementing twice-weekly group riding excursions to Concord.

Music Therapy: The use of the music program continued in the areas of instruction, expression and socialization, the latter function being enhanced by the provision of lounge furniture in the previously rather formal small concert room. Miss Mason was the principal staff adviser for the revival of the patient-authored and directed musical "Close to Home," a play of professional calibre about hos-

pital life. The production involved both patients and staff and played to three Standing Room Only audiences.

Patient's Library: The weekly patient-run and volunteer-supported teas continued to be a popular social focus throughout the year and for the first time continued during the summer. The "Mirror," the weekly literary-news journal written and published by patients, provided outlets for literary creativity, personal expression, and opinions about the condition of the world in general and the hospital community in particular.

Vocational Rehabilitation: A major step was taken in the institution of a paid work program, giving tangible evidence that real, dignified service was being given to the hospital by patients. The areas of the hospital available to patients to work in expanded greatly and work supervisors from all hospital departments are regularly involved as members of the team aiding in patients' recovery. The Work Crew, under the capable direction of Mr. James Hope, prospered along with the general expansion of the program and when Mr. Morton Stone resigned to accept a teaching and training position, the Crew (or "Corps" as they have renamed themselves) provided the going away party. They reviewed the rapid growth of the rehabilitation program at McLean. General supervision of the work program will be assumed by Mr. Davidson, until a successor to Mr. Stone is appointed, and the heavy demand for individual vocational counseling will be met by the Social Work Department.

Volunteers: With the appointment of Mrs. Robert Muller, M.S.W., as Director of Volunteers, the volunteer function came under Activity Therapies administration. The reason for this shift is due to the fact that the great majority of volunteers work in activities. Her report follows.

Support for activity programs in 1966 has come from all segments of the hospital community. We have been most gratified that McLean Auxilians have taken the courageous step of initiating a drive to raise funds for a swimming pool.

To all those mentioned above and to the Director of the hospital for his consistent interest, we express our thanks for help in maintaining an activity climate at McLean that is conducive to social health and recovery.

JAMES A. GARLAND, M.S.S.S.
Director of Activity Therapies

Report of the Volunteer Department

THOUGH the significance of Volunteer services cannot be measured in terms of members, it may be stated that about 41 people invested 3430 hours in volunteer activities at the hospital during the past year. This does not include all of the people who come in only occasionally to show slides or to help with a special celebration though it is hoped that our records concerning this "intermittent" category will become more accurate. Our chairman, Mrs. Charles A. Coolidge, says that the ideal volunteer combines individual interests and skills with faithful attendance and the experience which can be gained only from long service. It is gratifying that such a large proportion of our McLean Volunteer corps have these qualities in good measure.

The fact that we had a somewhat larger student component than usual (22) does make for less stability in that we cannot expect them to remain with us for years. However, there are compensations in having the interest of students which should not be overlooked. They may provide healthy models for younger patients and a pleasing verve for all patients. Also, the students themselves have the chance to explore possible careers in the helping professions. Finally, they may carry away with them an understanding of mental illness which will help them to improve care for the disturbed in their future communities.

In addition to the programs which have been led or assisted by volunteers for many years such as the Gardening Club, the Art Lending Library and the Library Teas, several new areas of service were instituted this year, among which we can mention only a few. The Center for Continuing Education at Northeastern University placed three women at the Outpatient Clinic who served as family visitors under the supervision of the social work staff. Two others served as ward aides under the supervision of Nursing Service on North Belknap II and East House. The latter, Mrs. Harry Falkson, has the record investment of time, averaging 54 hours a month throughout the year. One of the Brandeis students conducted a modern dance class; several others took part in the bi-weekly folk sings. One new volunteer who did not have any fondness for mathe-

matics has found her work with research data for a psychologist surprisingly rewarding.

It is a challenge that we have not been able to fill a number of requests for volunteer service because of insufficient manpower. Therefore, we are looking for qualified people, both men and women, who wish to contribute regularly a few hours weekly or bi-monthly to bring their special skills and friendship to patient groups at the hospital. Patients are helped to develop interests and relationships through these activities and volunteer participation with them gives tangible evidence that the community is concerned for their well-being.

At the May Strawberry Festival held by the hospital Auxiliary, 16 in service Volunteers were honered at a joint ceremony with the Auxiliary volunteers. Mrs. Louis F. Fieser and Mrs. Reginald Gonzalez received five-year pins; Mrs. Roswell D. Armstrong, Mrs. Frederick V. Hunt, Mr. Lester W. Ladd, and Mrs. Robert True were given six-year recognition, Mrs. Winthrop S. Jameson, Jr., eight-year recognition, and Mrs. Charles A. Coolidge, nine-year recognition. They are all from Belmont. That so many have shown this persisting devotion to the needs of the patients speaks well for our continuing program of service.

A Recognition Program for Auxilians and Volunteers was held at the May Strawberry Festival. Among the 16 volunteers so honored were: Mrs. Louis F. Fieser and Mrs. Reginald Gonzales, who received five-year pins; Mrs. Roswell D. Armstrong, Mrs. Frederick V. Hunt, Mr. Lester W. Ladd, and Mrs. Robert True, who were given six-year recognition; Mrs. Winthrop S. Jameson, Jr., eight-year recognition; and Mrs. Charles A. Coolidge, nine-year recognition. They are all from Belmont. That so many have shown this persisting devotion to the needs of the patients speaks well for our continuing program of service.

DOROTHY M. MULLER (Mrs. Robert), M.S.W.
Director of Volunteers

Report of the Social Science Department

THERE has been a decline over the past year in the activities of the Social Science Department. Rose Laub Coser's study of the socialization of residents into the psychiatric profession has drawn to a close and more of her time is devoted to Northeastern University. Murray Melbin, Ph.D., found his study of staffing patterns more focused upon the Massachusetts General Hospital and moved his work to that setting. Norman W. Bell, Ph.D. upon completion of his special fellowship with the NIMH has taken leave to spend a year at the University of California at Berkeley as Visiting Professor, Department of Sociology. In the reverse direction, Richard Longabaugh, Ed.D., has returned from Cornell to do further work with Stanley Eldred, M.D., on the analysis of data from the studies of individual and social systems in schizophrenia. The decrease in social science research would seem to be related to a changing climate of grant availability and an increase in opportunities in other, mainly academic, settings. The changes of the past year suggest that there is no dearth of significant and interesting research ideas to be explored but they also raise questions about the future directions, the purposes and activities of a social science department.

One answer to the challenge of future directions may lie in the area of data handling operations of the hospital. During the year Miss Rachael Kahn-Hut, in collaboration with Dr. Bell, carried out a survey of record keeping procedures, and rendered consultations to various clinical units on the revision of forms and procedures. Dr. Bell was instrumental in arranging with the IBM company for a two-day "teach-in" on data processing. In the summer of 1966 a group, Mrs. Helene Stein, Mr. Robert Holz, and Miss Jennifer Kemp, were assembled to work under Dr. Bell's direction on the systematic coding of a sample of records drawn from admissions over the preceding 20 years. Currently the experience from this project is being applied to new admissions. The whole area of efficient record assembling for maximum usefulness, for clinical and research purposes is a complex, rapidly changing field. It is greatly hoped that the recent experience at McLean will put it in a position to exert leadership.

The activities of the members of the Department in writing papers, attending and organizing conferences, and similar scholarly activities are too numerous to list specifically. Let it rest with the observation that social scientists, as they become older, do not become less active.

NORMAN W. BELL, Ph.D.
Chief of the Social Science Department

Report of the Social Work Department

THE Tenth Anniversary Symposium held February 10, 1966, to celebrate the founding of the Social Work Department was the highlight of the year's activities. Over 500 social workers attended the day session held at the hospital and about 150 people came to the banquet at the Harvard Club. The program follows:

Francis de Marneffe, M.D., Director, McLean Hospital: Welcoming Remarks.

Chairman: Miss Golda Edinburg, M.S.S.S., Director, Department of Social Work, McLean Hospital

Mrs. Shirley Goldstein, M.S.W., Casework Supervisor, Outpatient Clinic, McLean Hospital: "Clinical Role of the Caseworker in an Outpatient Clinic"

Mrs. Martha M. Norton, M.S.W., Casework Supervisor, McLean Hospital: "Family Treatment"

Miss Jo Ann Glotfelty, M.S.S.S., Social Group Work Supervisor, McLean Hospital: "Social Group Work Intervention in the Ward Group Process"

Discussant: Norman E. Zinberg, M.D., Associate Attending Psychiatrist, McLean Hospital; Assistant Director, Psychiatric Service, Beth Israel Hospital; Assistant Clinical Professor of Psychiatry, Harvard Medical School

Chairman: James A. Garland, M.S.S.S., Director of Activity Therapies, Social Group Work Supervisor, McLean Hospital

Mrs. Gisela Konopka, D.S.W., Professor, University of Minnesota School of Social Work: "Education for Life — Thoughts about the Use of the Group in the Treatment of the Mentally Ill"

Discussants: Lewis L. Robbins, M.D., Medical Director, Hillside Hospital, Glen Oaks, New York; Clinical Professor, Department of Psychiatry, College of Medicine, Downstate Medical Center, Brooklyn, New York
Paul M. Howard, M.D., Associate Director of Clinical Psychiatry, McLean Hospital; Clinical Associate in Psychiatry, Harvard Medical School

EVENING PROGRAM

Presiding: Ralph Lowell, Trustee, Chairman of McLean Committee

Toastmaster: Francis de Marneffe, M.D., Director, McLean Hospital

Speaker: Mrs. Ruth I. Knee, M.S.W., Psychiatric Social Work Consultant, Community Services Branch, National Institute of Mental Health, Bethesda, Maryland: "Social Work Today — Directions for the Future"

Discussant: Alfred H. Stanton, M.D., Psychiatrist in Chief, McLean Hospital; Associate Professor of Psychiatry, Harvard Medical School

The enthusiasm, cooperation, helpfulness and extra work on the part of the entire social work staff and many other hospital personnel contributed to a most successful day.

Because the planning for the symposium was executed on off-duty hours, it was possible to maintain a very heavy service schedule related to the high census. There was an average monthly case load of almost 235 reaching 519 patients and their families. There was a total of 4,581 interviews conducted with inpatients and their families, an increase of 380 over the previous year. There were 1,543 outpatient interviews, 925 day patient interviews, totaling 2,468, showing that 55% of the time was spent on inpatients and 45% on after-care cases.

A high preponderance of the interviews were held with family members, mainly in individual sessions. Just over half the parents of adolescents were counseled jointly and in some instances the entire family was seen together. There were several cases where couples were seen together for marital counseling. There was also marked growth in the number of patients being placed in foster homes. A total of 35 patients were placed in different homes, with an average of 14 people a month living in supervised placements. The two places reserved for McLean patients at the Rutland Corner House were always filled and other girls were waiting for a space to open up.

Miss Nancy Simes, Caseworker and Miss Doreen Broeksma, Groupworker, both left to be married in November, 1965. Mrs. Helen Yanow, Director of Volunteers, resigned in January, 1966, for health reasons. In June, 1966, Mrs. Harriett Baxter went on a leave of absence to Cambridge, England, and Mrs. Judith Moore Babb resigned in September, 1966, to take a position at the Dedham Family Service.

Mrs. Stella Hartz, Caseworker, joined the staff in December, 1965, and Mrs. Elizabeth Hecker and Mrs. Eugenia Dromey, Caseworkers, in September, 1966.

Because it was not possible to replace Miss Broeksma, the group work activities had to be seriously curtailed. Nonetheless, there were new innovations and contributions. An orientation meeting for families of new patients was instituted. Eighteen sessions were held attracting 42 relatives.

The weekly orientation meetings for new patients were strengthened with the development of a slide program about the hospital, which was shown at the meetings. Also, with Miss Jo Ann Glotfelty as advisor, a group of patients revised the "Patient Handbook."

Miss Jane Compton was assigned full-time to the Day Care Center where she focused on developing social roles for patients and succeeded in starting daily group meetings where patient leadership was fostered.

Altogether, 226 patients were worked with during their participation of numerous ward milieu committees and groups.

Once again, it was necessary to increase the complement of social workers at the Outpatient Clinic to keep up with the ever increasing demands for service. The Nathan H. Gordon and Sarah A. Gordon Philanthropic Trust donation of $10,000 to the Clinic was again used for social work salaries. Miss Elizabeth Breed resigned in August, 1966, to accept a position at the Boston City Hospital. Miss Jo Anne Clark was appointed upon completion of her student affiliation at the clinic and Miss Carol Weinberg in September, 1966.

The social workers conducted 586 application interviews, 910 treatment interviews, for a total of 1,496 interviews. In approximately eight cases the entire family was seen together and in about 25 cases marital counseling was offered in conjoint interviews with the couple.

An agreement was reached with the Massachusetts State Department of Education under the special education law 750 to accept ten children at the Arlington School who would receive psychiatric care at the Clinic. Mrs. Martha Waldstein, Associate Professor at Simmons College School of Social Work, was appointed as consultant to begin in October, 1966, on a part-time basis to help in the development of the program.

For the academic year September, 1966, to June, 1967, Miss Jo Ann Glotfelty was appointed an Instructor at Simmons College School of Social Work. Miss Golda Edinburg became a member of the B. U. School of Social Work Faculty Committee on Field Placements.

The September, 1966, *Journal of Community Psychiatry* published a paper by Mrs. Barbara Schwartz entitled: "Intake in a Psychiatric Hospital."

Miss Jane Compton presented a paper co-authored with Stephen Washburn, M.D., at a Veterans Administration sponsored Day Hospital Symposium entitled: "Maintaining the Therapeutic Milieu, the Social Group Workers' Special Contributions."

Mrs. Dorothy Muller was appointed in March, 1966, as Director of Volunteers. Because most of the volunteer services are closely related to the activities of the patients, it was agreed that for more effective coordination, it was preferable that they be administered under Mr. James Garland, Director of Activity Therapies and this was accomplished. Accordingly, that report is now included under the Activity Therapies Department.

GOLDA EDINBURG, M.S.S.S.
Director of the Social Work Department

Report of the Nursing Department

The Nursing Service

REORGANIZATION of the nursing service has continued to be the major concern of this department. The reorganization was started on a limited trial basis by Miss Margaret C. Tibbetts, R.N., B.S. in Nursing Education, who retired as Director of the School of Nursing and Nursing Service in October, in collaboration with Mrs. Ida O. Pelletier, R.N., M.A.

The development of a greater clinical focus for the nursing service involved operationalizing the Department's stated function to provide, direct, maintain and evaluate a professional nursing service which determines and meets patients' immediate needs for help. Efforts to fulfill this function have been directed at three major problems:

1. Ambiguity about the proper function and responsibility of nurses and nursing aides.
2. The consumption of time in routine activities which unnecessarily divert nurses from providing service to patients.
3. Recruitment needs.

The first problem was approached by definition of the functions of different levels of personnel in the department. It was found that the ability of nurses to accept responsibility for these distinct functions, particularly effective care to patients, was impaired by their difficulties in dealing with their own reactions to work situations. Therefore, a formal training program in "Nursing Process"[1] was organized to overcome these difficulties. Miss LaVonne Davidson, R.N., M.S., assumed full-time responsibility for the program on November 1, 1965. The major objective of the course is to teach students to deal with their many unavoidable reactions to work situations. All levels of nurses are being given the opportunity to participate in the program. The course is offered for six weeks to those nurses who intend to return to staff positions and three months to those for whom an appointment as clinical nursing supervisor is planned.

By July, 1966, nine students had completed the three-month program and two students had completed the six-week program. In

1. Based on the formulations of Ida O. Pelletier

order to provide direct supervisory help to all personnel on more units four nurses, Mr. Leonard M. Baj, Miss Vera K. Dunkley, Miss Nancy Greene and Mr. Gerald F. Ellsworth who completed the twelve-week program, were assigned to clinical supervision. Since three clinical nursing supervisors had been trained and appointed before the program became formalized, seven of thirteen units now have a clinical supervisor. On these units, the clinical supervisor has full authority and responsibility for structuring the environment to help nursing staff develop their level of knowledge, understanding, ingenuity and judgment in giving patient care.

The expansion of the training program and subsequent appointments of clinical nursing supervisors have reduced the number of administrative and head nurse positions. Whereas head nurses traditionally had been responsible for providing direct patient care in addition to their other activities, staff nurses were instead assigned to those units where a clinical supervisor was appointed. These staff nurse replacements provided for the former head nurses' responsibilities in direct patient care. This freed the clinical supervisors to focus on the functions defined for them.

The Director of the department recognized the need to document whether or not the department was improving its service to patients. Mrs. Pelletier agreed to evaluate the effect of the changes in nursing practice. Application was made for a federal project grant. The proposed project, entitled "Two Systems of Nursing in a Psychiatric Hospital" was approved. Mrs. Pelletier is director and Miss Hilda Mertz is co-director of the project.

The responsibility for assigning staff to the units during the day and evening tours of duty, which had been part of the functions of an evening administrative supervisor, was reassigned to the clinical nursing supervisors and head nurses. Plans for the future include the assignment of night personnel by the clinical nursing supervisors and head nurses. Administrative supervisors will continue to carry responsibility for coordinating staffing needs, in collaboration with the clinical nursing supervisors and head nurses.

In considering the second group of problems, unnecessary routine activities, the Nursing Director asked Mrs. Pelletier to study the activities of nursing personnel in order:

1. To clarify the purpose served by the various routine practices engaged in by nursing personnel.

2. To establish functional relationships between the activities and the nurse's or department's responsibilities
   a. To find and meet the patient's immediate needs for help,
   b. To fulfill the nurse's line responsibility to the Central Nursing Office, and
   c. To fulfill the Nursing Department's collaborative responsibility to other departments in the hospital.
3. To formulate the preparation needed by nursing aides.

Activities studied were limited to those which (1) duplicated the effort of personnel within the department and (2) that diverted the nurse's or the Central Nursing Office's attention from their proper responsibilities.

Conferences with personnel were held to identify functional relationships and to gain the cooperative understanding necessary for effective change. Some changes took place almost immediately. Other changes are in process and still others need further study before more systematic practices can be substituted for them.

Efforts to eliminate non-nursing activities from the Nursing Department were continued through collaboration with other departments in the hospital. A review of statistical data formerly collected by nursing administration resulted in the elimination of data with no present purpose, as well as data available from other departments.

Present methods for assignment of nursing personnel were evaluated to determine how long-range patient needs could best be met. Quality and quantity of staff, patterns of assignment, utilization of student clinical time and overtime were considered. The expanding treatment programs for patients were also considered. Findings indicate that it will be necessary to increase the number of staff employed, as well as changing the methods of assignment. Identification of a recruitment problem, particularly with nursing aides, who have a large turnover, led to intensified advertising.

In collaboration with the Personnel Director and hospital Administrator, a review of salaries and benefits for nursing personnel in the Greater Boston area was carried out. Upgraded salary schedules for graduate nurses and nursing aides were recommended and approved. The results of this action helped to minimize an anticipated seasonal increase in turnover.

In carrying out collaborative responsibilities, the Nursing Department was represented on hospital coordinating and work committees;

in patient-personnel conferences; in clinical case and work conferences; on the hospital infections committee; and on equipment purchasing, space and parking committees. Other activities included coordination of clinical volunteer work, collaboration with group social workers on new Activity Therapies plans, further development of fire prevention and disaster plans, and participation in disaster and fire drills.

Plans for the future include the development of a training program for aides, continued expansion of the training program in "Nursing Process", and the eventual provision for clinical nursing supervisors on all units in the hospital. In addition, thought is being given to provision of field work for collegiate nursing students and graduate education for nurses. These opportunities, if feasible, might also aid recruitment efforts.

The Nursing Service's problems and opportunities are becoming clearer as our work progresses. The patient, informed understanding of our co-workers has been invaluable during this first year of change.

School of Nursing

In keeping with the decision to terminate the three-year diploma program in 1968, a freshman class was not admitted to the School this year. There is no question but that the faculty and students felt a sense of loss. As might be expected some were more deeply affected than others. However, the void left by the absence of a freshman class, in effect, created a stronger bond between the faculty and students and both groups have worked closely together in the interests of the school and in maintaining high morale.

Announcement was received from the Board of Review of the National League For Nursing Accrediting Service, that the diploma program of the McLean Hospital School of Nursing would continue to be on the list of nationally accredited schools until the program terminated in 1968 and commended the faculty on the report "Recommendations and Implications for the Future of the McLean Hospital School of Nursing."

Of the 24 senior students, 15 men and 9 women, who graduated in 1966, 14 accepted staff nurse positions at McLean Hospital. With the passing of the bill to draft male registered nurses into the Army Nurse Corps, the majority of the men graduates eventually will enter a branch of the Armed Services.

In September, 18 students were promoted from the second year to the third year, and 23 students from the first year to the second year. The faculty honored the students at a buffet supper.

Participation in the Student Loan Program under the Nurse Training Act of 1964 has continued. The amount of federal capital contribution approved for the fiscal year ending June 30, 1966, was $4,446.00 and the minimal amount of institutional capital required was $494.00, making a total of $4,940.00. Nine students were approved for funds and received a total of $4,358.00 during the year. Funds of varying amounts to help students defray costs were realized from the McLean Hospital Trustee Aids Fund, McLean Nurses Alumni Association, McLean Auxiliary Association and several community agencies.

Under the leadership of Mr. Robert Desmarais, President of the Student Association, the members were busy throughout the year with social, educational, civic and fund raising activities. Mr. Wesley Davis was the elected President of District 8 of the State Student Nurses Association and Mr. Desmarais, the elected Vice President. Several other students served on committees at the district and state level and two students were delegates to the National Student Nurses Association Convention in San Francisco. The officers and members of the McLean Student Nurses Association are to be congratulated for the mature and productive manner in which they have conducted their meetings and activities.

During the year a public Investiture Service was held. Miss Evangeline Dumont, Director of Nurses, North Reading Rehabilitation Center, and a former instructor in the McLean Hospital School of Nursing gave the address. The Alumni Scholarship for a first year student was awarded to Mrs. Marion Cleary Davis.

At the annual graduation exercises, Miss Hilda Mertz, R.N., was the speaker. The class gift presented at the exercises was a sum of money to be used for graduate nurse education. The Wetherill Award for recognition of the "spirit of thoughtfulness for others" was awarded to Mrs. Lillian M. Chenell, Mr. Kenneth Barnes and Mr. Desmarais. This marked the first time in the history of the award that it was given to three members of a graduating class. The McLean Hospital Nurses Alumni Educational Scholarship was awarded to Mr. Paul Yarrows, and the Lucile Pitcher Memorial Award for excellence in psychiatric nursing was given to Mrs. Lillian Chenell.

The Annabella McCrae Scholarships were awarded to three undergraduate students: Mr. Curt Bank, Mr. Rand Bailey and Miss Diana Harris.

During the graduation exercises the members of the graduating class and the undergraduate students honored Miss Tibbetts, Director of the School of Nursing and Nursing Service, with an engraved pin and scroll on the occasion of her retirement. The faculty join with the students in their expressions of respect and esteem for Miss Tibbetts and thank her for the many contributions she has made to the School during her 34 years of service.

The Advisory Committee has continued to give counsel to the Director of the School and the members have been especially helpful in their encouragement in presenting recommendations for approval to the trustees. The resignation of Mrs. Richard Bush, Chairman of the committee, was accepted with regret. Mrs. John Aikenhead was appointed Chairman pro-tem and subsequently was elected Chairman. Miss Mertz, Director of Clinical Nursing, was appointed an ex-officio member of the committee and on the occasion of Miss Tibbetts' retirement assumed her position on the committee. A standing vote of appreciation and thanks was given Miss Tibbetts for her years of devotion and service to the committee, the nursing department and the hospital.

The complement of the faculty has changed considerably. In keeping with the termination plans for the three year program, two full-time and three part-time positions have been phased out during the year. The administrative officers wish to thank those instructors affected by the change, for their contributions to the education of the students and their loyalty to McLean Hospital. The complement of positions for psychiatric nursing instructors has remained at seven. However, at the end of the fiscal year, two full-time positions remain unfilled. Motherhood and family obligations have contributed primarily to the turnover of psychiatric nursing instructors, with six resignations regretfully received. Appointments to the faculty during the year include: Mrs. Dorothy Battiste, M.S.N.; Mrs. Lillian Le Blanc, M.S.N.; Mrs. Caroline Bailey, M.S.N.; and Mrs. Ruth Saunders, B.S.N. Mrs. Janet Hart rejoined the psychiatric instructor group on a part-time basis and Mr. Herbert Mallinson, M.S.N., on leave to complete his masters' program in psychiatric nursing, resumed his position on the faculty.

The members of the faculty organization and constituent committees have continued to evaluate the total program in terms of the school objectives and certain changes within the nursing department as a whole. Considerable attention has been focused on the integration of mental health concepts into certain areas of the curriculum; and on the psychiatric nursing program of studies for McLean students and for affiliating students, with the resultant changes: refinement of course content and evaluation methods with increased emphasis on nurse-patient relationships, reduction of the number of halls used for clinical experience from nine to seven in order to provide for more structured experiences and study time and closer supervision of students by the instructors. A highly successful two-day combined contract meeting and work conference was held early in the school year. Participants included administrators and psychiatric nursing instructors in the McLean Hospital School of Nursing and representatives from the affiliating schools. Other concerns have included revision of student guidance and welfare policies; recommendations regarding wearing of street dress by students in the clinical area, at McLean; study of library facilities and holdings with thought to more constructive use of the library.

In order to improve their professional preparation, three faculty members have attended college on a part-time basis, one instructor utilizing the graduate nurse scholarship offered by the hospital. Mr. Herbert Mallinson was released from his responsibilities in the School for three months study in the training program in "nursing process". Faculty members have participated in conferences and inservice education programs in the School and hospital and have attended and participated in meetings, workshops, institutes and conventions sponsored by regional, state and national nursing organizations. During the year, the Assistant Director of the School of Nursing has been Chairman of the Department of Diploma Programs and Chairman of the Division of Nursing Education of the Massachusetts League for Nursing.

Specific and important recommendations to the Director of the hospital are as follows:

1. That the affiliating program in psychiatric nursing for diploma students be reassessed with particular reference to costs, control, instructional personnel and clinical practice.
2. That a planning committee be established with representation

from selected colleges and universities with thought to future educational programs at McLean Hospital.

3. That the School of Nursing Library be incorporated within the development of a satisfactory library service with other professional groups.

HILDA MERTZ, M.S.N.
*Director of Clinical Nursing**

*Appointed Director of the School of Nursing and Nursing Service on October 15, 1966.

McLean Hospital

Statistics of the School of Nursing and Nursing Service

NURSING PERSONNEL, YEAR ENDING OCTOBER 1, 1966

	Women	Men	1965-66
Average No. Graduates	81.1	23.9	105.0
Average No. Graduates—*Part-time	4.8	.6	5.4
Average No. Licensed Practical Nurses	3	0	3
Total	88.9	24.5	113.4
Average No. Nursing Aides	44.5	45.3	89.8
Average No. Nursing Aides—*Part-time	4.6	3	7.6
Total	49.1	48.3	97.4
Total No. Preclinical Students Admitted	0	0	0
Preclinical Students Dropped or Resigned	0	0	0
Accepted Students Dropped or Resigned	4	0	4
Total Dropped or Resigned	4	0	4
Students Graduated	9	15	24
Student Veterans Enrolled	0	2	2

*Expressed in equivalent of full-time

NURSING SERVICE PERSONNEL, OCTOBER 1, 1966

	Women	Men	Total
Graduate Nurses			
Full-time	80	28	108
Part-time*	4.8	.6	5.4
Total	84.8	28.6	113.4
Licensed Practical Nurses	3	0	3
McLean Hospital and Affiliating Student Nurses			
Accepted Students	25	16	41
Preclinical Students	0	0	0
Affiliating Students from Other Schools	58	0	58
Total	83	16	99
Total Nursing Personnel	170.8	44.6	215.4

REPORT OF THE NURSING DEPARTMENT

	Women	Men	Total
Psychiatric Aides			
Full-time	38	39	77
Part-time*	4.6	3	7.6
Total	42.6	42	84.6
McLean Students on Affiliation			
Massachusetts General Hospital	14	9	23
The Children's Hospital	0	0	0
Boston Lying-in Hospital	0	0	0
Total	14	9	23
Affiliating Students from Other Schools			
Who Completed Course 1965-66			
Massachusetts General Hospital	108	0	108
The Children's Hospital	38	0	38
Peter Bent Brigham Hospital	41	0	41
M.G.H. Coordinated Program	5	0	5
Simmons College School of Nursing	26	0	26
Graduates	6	0	6
Total	224	0	224

*Expressed in equivalent of full-time

Report of the McLean Hospital Auxiliary

THE Auxiliary's sixth year has been one of growth, — growth in membership, growth in service to the hospital, and growth in community understanding of the hospital's treatment program for the many who have attended our meetings, seminars and the Strawberry Festival, and who have read our *Newsletters* and publicity releases.

Under the leadership of Mrs. George H. Simonds, membership has continued to grow; 61 new members have brought the total to 412. Life membership has been increased by 6 to a total of 23, and 8 members have started life membership payments. Analysis shows that less than one-quarter of the members actually work at, or are married to people associated with McLean. Slightly more than one-half live in Belmont, and the balance, in 38 other Massachusetts cities and towns with 2 members outside the state. At a morning coffee for new members in January, Dr. de Marneffe talked about the "Plans for the Development of McLean Hospital." In February, attractive new membership booklets were distributed.

Mrs. Wade Rockwood and Mrs. Frank H. Westheimer included on their Program Committee Miss Golda Edinburg and Miss JoAnn Glotfelty. For the fall meeting, Miss Glotfelty organized a panel of staff members who presented "McLean and the Adolescent" in which George B. Lawson, M.D., Mrs. Martha M. Norton, Miss Glotfelty, Miss Betty Goldstein, Mrs. JoAnn H. Smith, R.N., and Mr. John F. Dunn conducted a treatment conference for a hypothetical adolescent girl.

The Seminar Series was enthusiastically received in February and March in its second year. Four research projects recently carried on at McLean were presented by staff members who undertook them: Stanley H. Eldred, M.D., "Talk and Its Relationship to Mental Illness"; Mrs. Mollie Grob, "Follow-up of Hospitalized Patients"; Helen J. Kenney, Ed.D., and Mr. John F. Dunn, "Adapting Instruction to the Learning Needs of Emotionally Disturbed Children"; and Irene P. Stiver, Ph.D., "Relations Between Perceptual Styles and Defense Mechanisms."

The Gift Shop, in its second year of operation as a total Auxiliary responsibility and under the able chairmanship of Mrs. John A.

Donovan, realized a profit of $3600, a significant increase over the first year's earnings. 2415 hours were contributed by 28 women and 4 girls who staffed the Shop 5 hours a day, 5 days a week, 52 weeks in the year, holidays and summer Thursdays excepted. Many additional hours were given by Mrs. Donovan, Mrs. Laurence S. Foster, Assistant Chairman, Mrs. Philip W. Towne, Mrs. Mark Hyman, Jr., and Mrs. Earle B. Harvey in buying, inventory control, accounting and scheduling. The hospital's Purchasing and Accounting Departments were very helpful, and special thanks go to Mr. Thomas Burley, Mr. Edward Mulligan, Mr. Frank Kulka, Mrs. Kuhn, Mr. David Mahoney, Mrs. Ethel Horte and Mr. Alexander Armour.

Excellent public relations were maintained by Mrs. N. Preston Breed through the media of the Auxiliary's own *Newsletter* and the Auxiliary's column in the hospital's *Newsletter,* and through numerous releases to local and Boston newspapers. With the latter coverage, Mrs. James C. Hopkins, Jr., was most helpful. Marjorie Sherman of the *Globe* attended one of the seminars and wrote a first-hand account, as did Rose Walsh of the *Record-American* who attended the Strawberry Festival. Donna Lee of the *Traveler* did a feature article on our *Strawberry Festival Cook Book* with three pictures. Mrs. Mark Hyman, Jr. and Mrs. Hopkins were responsible for the excellent festival coverage with pictures in a number of papers.

The Auxiliary *Newsletter* was published in October, January and April with 500 copies mailed to members, hospital trustees and staff, and representatives of other mental health organizations. The cost of the Strawberry Festival issue was donated by the Harvard Trust Company and the Auxiliary appreciated being able to contribute its budgeted funds instead to the Outpatient Clinic.

The McLean Volunteers have continued to share with us the wisdom and experience of their chairman, Mrs. Charles A. Coolidge. Ably representing the Volunteers with her on our Board this year was Mrs. Winthrop S. Jameson, Jr. Their Patient-Volunteer Garden Club raised from seed and donated for sale flats of annuals and many plants at our Strawberry Festival.

The awards to Volunteers was this year, for the second time, a joint affair in which the McLean Volunteers and the Auxiliary Volunteers were recognized by the hospital on Strawberry Festival day for their many hours of service. To Mrs. Robert Muller, Director of Volunteers, for arranging the ceremony and to Francis de Marneffe,

M.D., hospital Director, and to Mr. Henry Langevin, Administrator, who participated with her, go the Auxiliary's thanks for their expressions of appreciation.

Under the direction of Mrs. Alfred H. Stanton, nursing scholarships were provided to two students in the hospital School of Nursing requiring full tuition assistance. The annual Lucile Pitcher Memorial Award for Excellence in Psychiatric Nursing was given by the Auxiliary to a member of the graduating class.

Early in the year the Finance Committee, Mrs. A. G. Cranney, Chairman, recommended to the Board the release of $1800 from the operating account to be added to the anticipated Strawberry Festival proceeds which should again be given to the Outpatient Clinic this year for a psychiatrist on a part-time basis to develop a program for adolescents. The Committee further recommended that the Gift Shop earnings ($3600), since they are derived from patient spending, be again allocated to refurbishing patient living areas.

This year it seemed appropriate that, in the light of our rapid growth in membership, a special committee be formed to consider Ways & Means of raising money. Mrs. John W. Weeks and Mrs. John Cancian undertook the chairing of this committee with the understanding that serious consideration should be given to another fund raising event yearly in addition to our traditional Strawberry Festival which, in accomplishing its goal of drawing people to the hospital, cannot always be counted upon to raise large sums of money. Many excellent ideas were brought to light by this hard working committee for future events that should entertain or enlighten the members and fill the treasury.

Hospital Liaison co-chairmen, Mrs. Larry A. Stone and Mrs. Mark M. Walter, Jr., sent letters of welcome and information to incoming residents and families, entertained the wives at a fall luncheon, and extended special invitations to them to all Auxiliary functions, and to work in the Furniture Exchange. This Exchange is operated by the MGH Service League in cooperation with the McLean Auxiliary with Mrs. John C. Nemiah, Chairman for McLean. Used furniture, stored at McLean, is loaned to families of MGH staff from foreign countries.

Mrs. Walter and Mrs. Stone were a happy choice as chairmen of the Fifth Annual Strawberry Festival. A "Festival of Patients' Arts" and a country luncheon were featured events. A display of graphic

arts — paintings in oil, watercolor and ink, sculpture, photographs, ceramics and metalcrafts, all made by patients — was set forth (with some items for sale) in the Rehabilitation Center. There, also, the flats and plants raised by the Patient-Volunteer Garden Club were displayed for sale along with the Auxiliary's attractive Strawberry Recipe Books, home-made fudge, and gaily decorated gardening gloves. After Mrs. A. G. Cranney's country luncheon, served on the Village Green with strawberry shortcake the featured dessert, patients' performing arts were witnessed in Pierce Hall. "Funny Farm Follies," a series of skits, written, directed and acted by young patients, gently satirizing themselves, staff, hospital food, etc. entertained the audience of patients, staff, Auxilians, and guests. Mr. James A. Garland talked on the role of the Activity Therapies Department in the treatment of patients. A check for $2000 (subsequently increased to $2500 after Festival bills were paid) was presented to Jacob Christ, M.D., for the Outpatient Clinic program for adolescents.

The Strawberry Festival, in its planning, preparation, and execution succeeded in drawing together community, patients and staff in a project meaningful to all.

The Auxiliary's achievements of the past year are due in great measure to the energetic leadership of Mrs. John D. Aikenhead, President through almost all the period covered by this report. Ably assisting her were First Vice-President, Mrs. James A. Haycox; Second Vice-President, Mrs. John C. Nemiah; Recording Secretary, Mrs. Mark Hyman, Jr.; Corresponding Secretary, Mrs. A. Bruce Downes; and Treasurer, Mrs. Vincent L. Hennessy. Of immeasurable assistance was the hospital's unfailing support and appreciation of all their endeavors. The great courtesy of the staff and administration extended to all auxilians continues to encourage them in their endeavors to be of service to the hospital. With the hospital behind us, the Auxiliary and its newly elected Board look forward to another year of growth and achievement.

MARJORIE HAYCOX
(Mrs. James A.)
President

Directory

ALUMNI AND PRESENT MEMBERS OF THE HOSPITAL STAFF

Present members of the Hospital Staff are indicated by (*). McLean Hospital is indicated by (McL).

The abbreviation M.G.H. is used when the address is the Massachusetts General Hospital.

*Aaronson, Leroy D.
Assistant in Dermatology
560 Tollgate Rd., Warwick, R. I.

*Abbott, John A., *Psychiatry* '35
Board of Consultation; Consultant in Electroencephalography (McL)
Zero Emerson Pl., Boston, Mass.

Abbott, William M., *Surgery* '65
National Naval Medical Center, Bethesda, Md.

*Abel, Ronald M.
Intern in Surgery M.G.H.

Abi-Torbey, Khalill, *Urology* '62
Immeuble Tabet, rue Abdel Wahab el Inglizi, Beirut, Lebanon

Abrahamian, H. Arto, *Anesthesia* '56
Grace-New Haven Community Hospital, New Haven, Conn.

Abramowicz, Mark, *Children's* '62
Boston City Hospital, Boston, Mass.

Acheson, George H., *Medicine* '39
University of Cincinnati College of Medicine, Cincinnati, Ohio

*Ackerman, Irving P., *Medicine* '55
Assistant Physician
Zero Emerson Pl., Boston, Mass.

Ackroyd, Frederick W., *Surgery* '63
23 Coolidge Hill Rd., Cambridge, Mass.

*Adams, F. Dennette, *Medicine* '18
Honorary Physician
226 Marlborough St., Boston, Mass.

Adams, Herbert D., *Surgery* '34
605 Commonwealth Ave., Boston, Mass.

*Adams, John, Jr.
Board of Consultation, Dermatology
704 Huntington Ave., Boston, Mass.

Adams, John E., *Pathology* '62
1311 Doves Cove Rd., Towson, Md.

Adams, Raymond A., *Neurology* '51
Medical College of Virginia, Richmond, Va.

*Adams, Raymond D., *Neurology* '39
Chief of Neurological Service; Neuropathologist M.G.H.

Adamson, Gilbert L., *Neurology* '30
Winnipeg Clinic, Winnipeg, Manitoba, Canada

*Adelson, William J.
Clinical Associate in Pediatrics
Sudbury Medical Center, 616 Boston Post Rd., South Sudbury, Mass.

*Adler, Morris H.
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Adler, Scott, *Orthopedic* '59
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*Aeschliman, Barbara L.
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*Agranat, Barry J., *Dental Medicine* '65
Dental Surgeon
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Ahnlund, Nels W., *Orthopedic* '43
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*Aisenberg, Alan C.
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*Albert, Joseph, *Dermatology* '60
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Albright, Edwin C., *Medicine* '42
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*Albright, Fuller, *Medicine* '26
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Albuquerque, Paulo F., *Urology* '44
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Alexander, William H., *Surgery* '23
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*Allen, David W., *Medicine* '56
Assistant in Medicine M.G.H.

Allen, Henry F., *Surgery* '43
200 Beacon St., Boston, Mass.

Allison, Charles R., *Medicine* '40
15 Prince St., Rochester, N. Y.

Alper, Joseph M., *Medicine* '35
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Alpers, David H., *Medicine* '62
M.G.H.

Alston, Edwin F., *Pathology* '45
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Alt, Richard E., *Surgery* '33
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*Altschule, Mark D.
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Associate Biochemist, Neurosurgery M.G.H.

Amick, Arthur F., *Medicine* '58
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Andersen, Erik W., *Anesthesia* '48
M.G.H.

*Anderson, Elroy E., *Children's* '60
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Anderson, Erna G., *Children's* '43
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Anderson, H. Clarke, *Pathology* '59
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Anderson, Randolph L., *Orthopedic* '27
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Andrew, Norman W., *Anesthesia* '56
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M.G.H.

*Angley, John C.
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Anthonisen, Niels L., *Psychiatry* (McL) '32
Veterans Administration Hospital, White River Junction, Vt.

Appel, Stanley H., *Medicine* '61
Duke University Medical Center, Durham, N. C.

Aranas, Arturo L., *Psychiatry* (McL) '61
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*Arnason, Barry G. W., *Neurology* '59
Assistant Neurologist M.G.H.

Arndt, Kenneth A., *Dermatology* '64
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Arnstein, A. Robert, *Medicine* '57
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*Aronow, Saul
Associate Applied Physicist, Medicine M.G.H.

Arrowood, Julia G., *Anesthesia* '36
Harlan Appalachian Regional Hospital, Harlan, Ky.

Arthur, Ransom J., *Children's* '52
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Arzimanoglu, Anthony A., *Orthopedic* '52
1 Neofytoy Vamva,
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*Asbury, Arthur K., *Medicine* '60, *Pathology* '62, *Neurology* '63
Assistant Neurologist
M.G.H.

Ash, Homer L., *Dental Medicine* '62
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Asher, David M., *Children's* '66
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Ashworth, Michael A., *Orthopedic* '66
Children's Hospital Medical Center, Boston, Mass.

Aster, Richard H., *Medicine* '59
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*Aström, Karl E.
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M.G.H.

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*Autor, Sherry B.
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Assistant Physician M.G.H.

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*Balch, Franklin G., Jr., *Surgery* '25
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Ball, Robert E., *Psychiatry* (McL) '60
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*Ballantine, H. Thomas, Jr., *Surgery* '41, *Neurosurgery* '41
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*Barekat, Ali A., *Surgery* '66
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M.G.H.

Baringer, J. Richard, *Medicine* '61, *Neurology* '62, *Pathology* '65
M.G.H.

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*Barlow, John S.
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Barnes, Ann R., *Surgery* '64
Boston Lying-in Hospital,
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*Barnes, Benjamin A., *Surgery* '52
Assistant Surgeon M.G.H.

Barnett, Charles G., *Medicine* '54
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*Barnett, G. Octo
Assistant in Medicine M.G.H.

*Barnett, Rosalind C.
Assistant in Psychology, Psychiatry M.G.H.

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Barondes, Samuel H., *Psychiatry* (McL) '65
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Greene, D. Crosby, Jr.

Owings Mills
Sutherland, Donald W.

Rockville
Leventhal, Brigid G.
Leventhal, Carl M.
Levey, Gerald S.
Sheagren, John N.
Waldmann, Katharine Spreng

Takoma Park
Blunden-Morris, Dulcie E.

Towson
Adams, John E.

MASSACHUSETTS

Andover
Seeley, Clinton B.
Waddington, Earle J.

Arlington
Benda, Clemens E.
Burbank, Charles B.
Herzan, Helen M.
Olin, Morton J.
Saunders, Gordon A.
Smith, Richard H.

Attleboro
Hill, Leonard W.
Rae, Donald B.

Auburndale
LeVine, Herbert O.

Bass River
Anderson, Elroy E.

Bedford
Clifford, M. Henry

Belmont
Altschule, Mark D.
Aub, Joseph C.
Bain, Jane
Bell, Norman W.
Berman, Jane M.
Blau, David
Bonier, Richard J.
Bornstein, Irving D.
Brooks, Leslie
Budson, Richard D.
Cain, Arthur J.
Caldwell, Enid
Christ, Jacob
Churchill, Edward D.
Clark, John G., Jr.
Coleman, Roy M.
Coser, Rose L.
Davidson, Edwin M.
de Marneffe, Francis L. A.
Dinsmore, Paul R.
Eichberg, Joseph, Jr.
Eldred, Stanley H.
Feingold, Albert H.
Fern, Donald J.
Fischberg, Bruce W.
Folch-Pi, Jordi
Green, Sidney
Greenberg, Raymond M.
Hauser, George P.
Haycox, James A.
Hermann, Howard T.
Hess, Helen H.
Howard, Paul M.
Isenberg, Phillip L.
Jakab, Irene
Jenney, Peter B.
Kagan, Jerome
Kahne, Merton J.
Kaufman, Irving
Kenney, Helen J.
Kershaw, Beatrice R.
Lees, Marjorie B.
Longabaugh, Richard H.
Malone, Michael J.
Miller, Martin A.

Mintz, Norbett L.
Mintz, Sophie B.
Mokrasch, Lewis C.
Nahor, Amos
Nuttall, Ronald L.
Perry, Jalna A.
Pope, Alfred
Robbins, Michael D.
Robinson, Phelps M.
Ross, Mathew
Schnitzer, Robert D.
Semon, Ralph G.
Sens, Richard
Shein, Harvey M.
Sherman, Lewis J.
Snider, Marvin
Solomon, Leonard F.
Stanton, Alfred H.
Stauffer, Ruth E.
Stiver, Irene Pierce
Stoffyn, Anne Marie
Stoffyn, Pierre J.
Stone, Alan A.
Trivus, Robert H.
Walter, Mark M.
Washburn, Stephen L.
Weisman, Avery D.
Williams, Harold W., Jr.
Ziskind, Alan E.

Beverly

Alt, Richard E.
Carbone, Duane F.
Fienberg, Robert
Lamkins, Burnham E.
MacDonald, Alexander S., Jr.
Parkhurst, Albert E.
Risley, Thomas S.
Ross, Jean D.
Todd, Barnard P.

Boston

Abbott, John A.
Abramowicz, Mark
Ackerman, Irving P.
Adams, F. Dennette
Adams, Herbert D.
Adams, John, Jr.
Adams, Raymond D.
Agranat, Barry J.
Aisenberg, Alan C.
Allen, David W.
Allen, Henry F.
Alpers, David H.
Ames, Adelbert, III
Anderson, Erik W.
Andrew, Norman W.
Anliker, James E.
Arnason, Barry G. W
Aronow, Saul
Asbury, Arthur K.
Ashworth, Michael A.
Aster, Richard H.
Aström, Karl E.
Atkins, Leonard
Aufranc, Otto E.
Austen, K. Frank
Austen, Wm. Gerald
Autor, Sanford M.
Autor, Sherry B.
Baden, Howard P.
Badger, Theodore L.
Baker, Edward P.
Baker, George P., Jr.
Baker, Myles P.
Baker, William H.
Balboni, Victor G.
Baler, Lenin A.
Ballantine, H. Thomas, Jr.
Balogh, Karoly
Bandler, Bernard
Banks, Henry H.
Baringer, J. Richard
Barlow, John S.
Barlow, Joseph J.
Barnes, Ann R.
Barnes, Benjamin A.
Barnett, G. Octo
Barnett, Roslind C.
Barr, Joseph S., Jr.
Barry, Herbert J., Jr.
Bartlett, Marshall K.
Barton, Theodore C.
Battit, George E.
Beck, William S.
Beecher, Henry K.
Behringer, Glenn E.
Beier, Helen
Bell, Michael H.
Bendixen, Henrik H.
Benedict, Edward B.
Benedict, Patricia H.
Berenberg, William
Bernstein, Norman R.
Bierbaum, Benjamin E.
Bigelow, Frederick S.
Binger, Carl A. L.
Bird, Kenneth T.
Bland, Edward F.
Blane, Howard T.
Blank, Irvin H.
Bloch, Kurt J.
Bloom, Edward R.

Boston (continued)

Boyd, Robert J.
Brendler, Samuel J.
Brendze, Robert B.
Briefer, Caesar, Jr.
Britten, Anthony F. M.
Brockhurst, Robert J.
Brodkey, Jerald S.
Brown, Thornton
Brownell, Gordon L.
Brubaker, Richard F.
Brunjes, Carl F.
Bucher, Nancy L. R.
Buckley, Mortimer J., Jr.
Budson, Richard D.
Burke, John F.
Burnett, Jean B.
Burnham, Charles A.
Burr, Paul M.
Burrage, Walter S.
Burwell, C. Sidney
Bush, Richard D.
Bushnell, Leonard S.
Byers, Randolph K.
Caner, G. Colket
Cannon, Bradford
Caplan, Gerald
Carey, Robert W.
Carnes, Harold A.
Carter, Edwin L.
Carter, George H.
Carter, James R., Jr.
Cass, John W.
Casten, Virgil G.
Castle, William B.
Castleman, Benjamin
Caulfield, James B.
Cave, Edwin F.
Chafetz, Morris E.
Chandler, Hugh P.
Chapin, David S.
Chapman, Earle M.
Christman, George
Chiu, Thomas L.
Civan, Mortimer M.
Clark, Wallace H., Jr.
Clifford, Stewart H.
Clouse, Melvin E.
Cobb, Stanley
Cochran, William D.
Coggins, Cecil H.
Cohen, Johnathan
Cohen, Mandel E.
Cohen, Richard B.
Cole, Edwin M.
Coletta, Cesare G.
Connelly, John P.
Constable, John D.
Coons, Albert H.
Cope, Oliver
Copeland, Robert B.
Cori, Carl F.
Crabtree, Harvard H.
Crawford, John D.
Cronkhite, Leonard W., Jr.
Culver, Perry J.
Currens, James H.
Daggett, Willard M., Jr.
Daland, Ernest M.
Dalton, Brian C.
Dalton, John C.
Daly, James J.
d'Autremont, Chester C.
Davidoff, Frank F.
Davidson, Edwin M.
Davidson, Gerald E.
Davies, John A. V.
DeGroot, Leslie J.
DeLorme, Thomas L.
d'Elseaux, Frank C.
DeSanctis, Roman W.
DeWilde, Herman
Deykin, Daniel
Diamond, Louis K.
Dienes, Louis L.
Dierks, Marianne
Dinsmore, Robert E.
Dodge, Philip R.
Donaldson, Gordon A.
Donovan, Donald D.
Dreyfus, Pierre M.
Dreyfuss, Jack R.
Drier, Theodore, Jr.
Duda, Gerhart A.
Duff, Arthur W.
Duhl, Frederick J.
Dyer, Thomas E.
Ebisuzaki, Kaney
Efron, Mary L.
Egbert, Lawrence
Eger, William H.
Eisen, Arthur Z.
Eliot, Christopher R.
Ellis, Daniel S.
Ellis, Lawrence B.
Elite, Anthony E.
Engel, Lewis L.
England, Albert C., Jr.
Ervin, Frank R.
Estes, Joseph W.
Evans, Robert E.
Farmer, Douglas A.

Boston (continued)

Faulkner, James M.
Fawsett, Don W.
Federman, Daniel D.
Feingold, Murray
Feldman, Charles L.
Ferris, Benjamin G.
Field, Mark G.
Finck, Albert J.
Fine, Jacob
First, Robert A.
Fisher, C. Miller
Fishman, Claire A.
FitzHugh, Greene
Fitzpatrick, Thomas B.
Fiumara, Nicholas J.
Flacke, Joan W.
Flanagan, Joseph M.
Flax, Martin H.
Fleischner, Felix G.
Fleming, T. Corwin
Flynn, Chester J.
Fodor, Iris E.
Foley, F. Daniel
Folkman, Moses J.
Forbes, Anne P.
Foster, Gerald S.
Fowler, Joseph W. III
Frankel, Freddy H.
Franklin, William
Franseen, Clifford C.
Frazier, Howard S.
Freedberg, Irwin M.
Freedman, Harold J.
Fremont-Smith, Maurice
Freymann, John G.
Friedlich, Allan L.
Galdabini, James J.
Ganz, Robert N.
Garcia John
Gardella, Joseph W.
Gardner, George E.
Garland, Joseph
Garrett, John W. D.
Gauld, A. Gordon
Gephart, F. Thomas
Gergely, John
Gibbs, Richard F.
Gibson, James M.
Glicklich, Earl A.
Glimcher, Melvin J.
Globus, Gordon G.
Glotzer, Donald J.
Goldblatt, Allan
Goldfinger, Stephen E.
Grainer, David W.
Gray, William
Green, Thomas H., Jr.
Green, William T., Jr.
Griesemer, Robert D.
Griffith, Donald P.
Griffith, John F.
Grillo, Hermes C.
Griscom, Nathan T.
Gross, Jerome
Grove-Rasmussen, Morton
Grover, John W.
Grunebaum, Henry U.
Guralnick, Walter C.
Haber, Edgar
Hackett, Thomas P.
Haendel, Frank
Haessler, Herbert A.
Hall, Thomas C.
Hallowell, Phillips
Halverstadt, Donald B.
Hamlin, Edward, Jr.
Harden, Lewis B.
Harris, Eddie H.
Harthorne, J. Warren
Harris, William H.
Harwood, Reed
Haschemeyer, Audrey E. V.
Hashimoto, Ken
Hawes, Lloyd E.
Hayden, E. Parker
Head, John M.
Hedberg, Stephen E.
Hedley-Whyte, John
Hendren, W. Hardy
Hendrick, Ives
Henneman, Elwood
Herbst, Arthur L.
Hill, Lewis W.
Hill, William R.
Holder, Richmond
Hori, Yoshioki
Howard, Philip J., Jr.
Howe, Henry D.
Howe, Louise P.
Howry, Douglass H.
Huber, William M.
Hugenberger, Paul W.
Huggins, Charles E.
Humphreys, Storer P.
Huntington, Benjamin L.
Hurxthal, Lewis M.
Hutcheson, Bellenden R.
Hyslop, Newton E., Jr.
Ingersoll, Francis M.
Irwin, John W.
Isselbacher, Kurt J.

Boston (continued)

Jacobson, Bernard M.
Jacoby, George A., Jr.
Janower, Murray L.
Jeanloz, Roger W.
Johannet, Pierre
Jones, Chester M.
Jones H. Walter, Jr.
Jones, Wallace A.
Jones, Wm. Norman
Joplin, Robert J.
Joseph, John B.
Kalckar, Herman M.
Kane, Lewis W.
Kantrowitz, Paul A.
Karavolas, Harry J.
Karian, Edward
Kashket, Shelby
Katz, Elton P.
Katz, Samuel L.
Kayce, Melvin M.
Kazanjian, Kenneth A.
Kazanjian, Varaztad, H.
Kazemi, Homayoun
Kearsley, Richard B.
Keenan, M. Edward
Keenan, Thomas J.
Keitt, Alan S.
Keller, John W.
Kelley, Rita M.
Kelley, Sylvester B.
Kerr, Walter S., Jr.
Ketchum, William F.
King, M. Vernon
Kinsey, Dera
Kite, Owen W.
Kjellberg, Raymond N.
Klainer, Lawrence M.
Klein, Donald C.
Kliman, Bernard
Knapp, Peter H.
Knowles, John H.
Koch-Weser, Jan
Kohn, Henry I.
Kolodny, Gerald M.
Kopald, Hugh H.
Kornblith, Paul L.
Koumans, Alfred J. R.
Kozol, Harry L.
Krane, Stephen M.
Kranes, Alfred
Kravitz, Arthur R.
Kubik, Charles S.
Kuhns, John G.
Kulka, Johannes P.
Kunz, Lawrence J.
Lamdin, Susanne J.
Lamont, John H.
Lang, David J.
Laver, Myron B.
Lawrence, Glenn W.
Lawson, George B.
Leadbetter, Guy W., Jr.
Leadbetter, Wyland F.
Leaf, Alexander
Leak, Lee V.
Leake, Donald L.
Leake, Rosemary D.
Leeman, Cavin P.
Leibovich, Miguel A.
Lele, Padmakar P.
Lerman, Jacob
Leskowitz, Sidney
Lever, Walter F.
Levey, Raphael H.
Levine, Herbert J.
Levitan, Julius J.
Lincoln, Robert C.
Lithwick, Norton H.
Little, John B.
Littlefield, John W.
Litwin S. Bertrand
Livingstone, John B.
Lo, Hing-Har
Lombroso, Cesare T.
Lorch, Stephen
Lorenz, Maria
Lowell, Francis C.
Lowell, J. Drennan
Lowenstein, Edward
Lowis, Samuel
Ludwig, Alfred O.
Lund, Charles C.
Lupien ,Gordon F.
Mabrey, Roy E.
MacAusland, William R., Jr.
Mack, John E.
Mackay, Harry A.
Mackay, Malcolm
MacMillan, Alexander S., Jr.
Maderson, Paul F. A.
Malone, Lawrence J.
Maloof, Farahe
Malt, Ronald A.
Mann, Walter
Mannik, John A.
Manzi, Rita A.
Marble, Alexander
Marcus, Saul M.
Mark, Vernon H.
Martin, Donald B.
Masters, Richard

Boston (continued)

Mathé, Aleksander
Mayman, Chaim I.
Maynard, Edwin P., III
Mayo, Richard A.
McAlpine, Frederick S.
McArthur, Janet W.
McCully, Kilmer S.
McDermott, William V., Jr.
McFarland, James C.
McGill, Raymond J., Jr.
McGuire, Michael T.
McKenna, Paul
McKhann, Charles F.
McKittrick, John B.
McKittrick, Leland S.
McNamara, Joseph J.
McNeely, William F.
McNeill, J. Malcolm
McPeek, Bucknam
Means, James H.
Mechanic, Gerald L.
Medrek, Theodore F.
Melbin, Murray
Mella, Barbara A.
Messner, Edward
Michelsen, Jost J.
Miller, Lawrence M.
Mills, John A.
Miner, Richard L.
Ming, Si-Chun
Misch, Robert C.
Mital, Mohinder A.
Mixter, Charles G., Jr.
Miyamoto, Masamitsu
Molloy, Maureen K.
Momose, K. Jack
Monaco, Anthony P.
Moolton, Frederick L.
Moore, Francis D.
Morris, Roger H.
Morrison, Harvey R.
Moser, Hugo W.
Moses, John M.
Mueller, Harry L.
Muller, James J.
Mundth, Eldred D.
Murphy, John D.
Murphy, William F.
Murray, Joseph E.
Myers, Gordon S.
Myers, Richard S.
Nadas, Alexander S.
Nalebuff, Edward A.
Nardi, George L.
Nash, Andrea H.
Nathan, Louis
Nebesar, Robert A.
Nemiah, John C.
Neuhauser, Edward B. D.
New, Paul F. J.
Nikaido, Hiroshi
Norcross, John W.
Noss, George M.
Ojemann, Robert G.
Okun, Milton R.
Orr, James C.
Ottinger, Leslie W.
Otto, William J., Jr.
Palmer, Robert S.
Pant, Shyam S.
Paolitto, Frank J.
Parkhurst, Edward C.
Parsons, Langdon
Pascale, Jane Fay
Pathak, Madhukar A.
Pearlman, Alan L.
Pechet, Maurice M.
Peebles, Richard R.
Peebles, Thomas C.
Pendergrass, Henry P.
Perlo, Vincent P.
Pfister, Richard C.
Phillips, Edgar B., III
Picard, Ernest H.
Pier, Arthur S., Jr.
Pierce, Donald S.
Point, W. Warren
Pollen, Daniel A.
Pollard, James J.
Pontopidan, Henning
Potsaid, Majic S.
Porter, Huntington
Poskanzer, David C.
Poulin, Frederick K.
Pratt, Theodore C.
Prensky, Arthur L.
Prescott, Richmond
Putschar, Walter G. J.
Quarton, Gardner C.
Quinby, John T.
Quinby, William C., Jr.
Rabe, Edward F.
Rabkin, Mitchell T.
Rackemann, Francis M.
Radin, Eric L.
Raff, Martin C.
Raker, John W.
Randerath, Erika E.
Randerath, Kurt
Rapin, Annette M. C.
Ray, Barbara A.

Boston (continued)

Record, Eugene E.
Rees, Michael K.
Reid, Duncan E.
Replogle, Robert L.
Rever, George W.
Reyersbach, Gertrud C.
Reynolds, Stephen L.
Rhine, Mark J.
Rice, Jack O.
Rich, James G.
Richardson, Edward P.
Richardson, George S.
Rieder, Sidney V.
Riseborough, Edward J.
Robbins, Laurence L.
Robertson, Charles W.
Robinson, Dwight R.
Robinson, John C.
Rodkey, Grant V.
Rolde, Alexandra Kail
Ropes, Marian W.
Rosenberg, Bruce M.
Rosenberg, Earle H.
Rosenberg, Irwin H.
Rosenberger, Peter B.-B.
Rosenblith, Judy F.
Rosman, Norman P.
Roth, Sanford I.
Rowe, Carter R.
Runyon, Robert C.
Russell, Paul S.
Russfield, Agnes B.
Rutstein, David D.
Sabesin, Seymour M.
St. Goar, Walter T.
Salam, Maria V. Z.
Salib, Philip I.
Samaha, Frederick J.
Sanchez, Guillermo C.
Sanders, Charles A.
Sandler, Allan I.
Sanford, Barbara H.
Satin, David G.
Scaliter, Dora F.
Scannell, J. Gordon
Schapiro, Robert H.
Scheuplein, Robert
Schmitt, E. William, Jr.
Scholl, Mary Louise
Schulz, Milford D.
Schuster, Samuel R.
Schwab, Robert S.
Scott, Jesse F.
Scully, Robert E.
Sears, John B.
Seigne, Talbot D.
Selverstone, Bertram
Semrad, Elvin V.
Senior, Boris
Shangraw, Keith A.
Shannon, Daniel C.
Sharp, Geoffrey W. G.
Shattuck, George C.
Shaw, Robert S.
Sheldon, Charles P.
Shine, Kenneth L.
Short, Charles L.
Sidel, Victor W.
Sidman, Murray
Sidman, Richard L.
Sifneos, Peter E.
Silverman, Samuel
Simon, Harold
Sisson, John H.
Sisson, Warren R.
Skinner, James C.
Slater, Eliot M.
Sledge, Clement B.
Sleeper, Edward L.
Smedley, Lois M.
Smith, Clement A.
Smith, Gene M.
Smith, Richard M.
Smith-Petersen, Morten
Smithwick, Reginald H.
Sneddon, Ernest A.
Snyder, John C.
Sohier, W. Davies, Jr.
Solomon, Harry C.
Soloway, Albert H.
Sosman, John L.
Spear, Louis M.
Speare, George S.
Spellman, John W.
Sperling, Arthur L.
Spillane, John B.
Spinelli, Ralph W.
Squires, Homer J.
Stachiewicz, Danuta M.
Stasson, William B.
Steele, Robert E., Jr.
Stempien, J. Henry
Stephenson, Mary L.
Stevens, Janice R.
Stoddard, Lawrence T.
Stoeckle, John D.
Stone, Bartlett H.
Stone, Lawrence A.
Strasburger, Larry H.
Stratton, Kathleen
Strickler, William L.
Strole, William E., Jr.
Sturdevant, Charles L.

Boston (continued)

Sturgis, Somers H.
Suby, Howard I.
Suescum, Alfredo T.
Sukenik, Herbert J.
Sullivan, William H.
Swan, Charles L., Jr.
Swartz, Jacob H.
Swartz, Morton N.
Sweet, William H.
Szabó, George
Taft, Edgar B.
Taft, Priscilla D.
Talamo, Richard C.
Talbot, Nathan B.
Talland, George A.
Tanzer, Marvin L.
Tefft, Melvin
Thier, Samuel O.
Thoma, Kurt H.
Tilley, Robert F.
Todd, Donald P.
Tolman, Maurice M.
Tomchik, Frederick S.
Trachtenberg, Howard A.
Travis, Dorothy F.
Trevett, Laurence D.
Trivus, Robert H.
Tucker, Walter I.
Ulfelder, Howard
van Amerogen, Suzanne T.
Vanderveen, James L.
Vickery, Austin L., Jr.
Villee, Dorothy B.
von Felsinger, John M.
Wallach, Donald F. H.
Walzer, Sarita G.
Wang, Chiu-an
Wang, Chiu-chen
Ware, Roland G., Jr.
Warner, Frank A.
Warren, Richard
Watkins, Arthur L.
Watson, Barbara K.
Waud, Barbara E.
Waugh, Nancy C.
Weber, Alfred L.
Webster, Edward W.
Wedrow, Earl M.
Weinberg, Arnold N.
Weinfeld, Marvin S.
Weingarten, Charles H.
Weinstein, Louis
Weiss, Alfred D.
Welch, Claude E.
Wells, Lionelle D.
Wenlund, Dale E.
Wescott, Dorothy A.
Wheeler, Edwin O.
Wheelock, Frank C., Jr.
White, James C.
White, Paul D.
Whiting, Richard G.
Wilkins, Earle W., Jr.
Wilkinson, Harold A.
Williams, Conger
Williams, Vernon P.
Wills, A. Allison, Jr.
Winkler, Gerald F.
Winn, Henry J.
Winter, Peter M.
Wittenberg, Jack
Wittes, Janet T.
Wolfe, Hubert J.
Woodruff, Lorande M.
Wright, Barbara E.
Wright, R. Lewis
Wurtman, Richard J.
Wyman, Edwin T., Jr.
Wyman, Stanley M.
Yakovlev, Paul I.
Yankauer, Alfred
Young, D. Michael
Yurchak, Peter M.
Zacharias, Leona
Zimbler, Seymour
Zamcheck, Norman
Zamecnik, Paul C.
Zavarine, Richard
Zeller, John W.
Zimbler, Seymour
Zinberg, Norman E.
Zola, Irving K.

Bridgewater
Barrows, Lawrence J.

Brighton
Broderick, Thomas F., Jr.
Cavanaugh, James J. A.
Flynn, Robert E.
O'Brien, Richard G.
Yount, William J.

Brockton
Dickersin, G. Richard
Duncombe, Alfred L.
Miller, Abbott R.
Sinesi, Sabino J.

Brookline
Albright, Fuller
Barker, Robert H.
Barsh, Laurence I.
Barnum, Francis G., Jr.
Beuscher, William F.
Bogoch, Samuel
Burgin, Leon B.
Chalpin, George
Cline, Herbert S.

Darling, R. Clement
Derow, Harry A.
Dyer, Edward C.
Esmiol, Pattison
Faxon, Henry H.
Fried, Marc A.
Godley, Anne F.
Goldthwait, Joel C.
Gregg, Ward I.
Hall, Francis C.
Helman, Milton E.
Hoeffel, Gerald N.
Holland, Daniel J., Jr.
Homans, John, Jr.
Hormell, Robert S.
Kahana, Eda M.
Kris, Kathryn Beck
Levin, Sidney
Linton, Robert R.
MacAusland, Andrew R.
Modell, Arnold H.
Muirhead, Donald M., Jr.
Mushatt, Cecil
Newell, John L.
Olin, Harry S.
Potter, Maxwell G.
Prather, George C.
Rhodes, Frank I.
Rock, John
Salzman, Edwin W.
Schatzki, Richard
Schatzki, Stefan C.
Shea, Cornelius J.
Smith, Judson A.
Smith, William D.
Spalding, Roger
Spangler, Arthur S.
Sturgis, George P.
Thomas, William H.
Van Buskirk, David
Viets, Henry R.
Webster, Richard C.
Weiner, Robert M.
Winsor, Allen P.
Wolff, Louis
Young, Edward L.
Zarsky, Edward L.
Zaudy, Eleanore C.

Bryantville

Angley, John C.

Cambridge

Ackroyd, Frederick W.
Aeschliman, Barbara L.
Balch, Franklin G., Jr.
Bell, Eugene
Binstock, William A.
Bock, Arlie V.
Brazelton, T. Berry
Carter, Franklin
Catlin, Randolph, Jr.
Cohen, Morris
Coles, Martin R.
Coolidge, John C.
Crone, Neil L.
Damon, Albert
Dawes, Daniel C.
Decker, Briant L.
Deutsch, Helene
Dexter, Chester J.
Evans, Robley D.
Everett, Henry C., III
Farnsworth, Dana L.
Floyd, Cleveland
Frank, Thomas
Friedman, Leonard J.
Gates, Philip H.
Gordon, John E.
Hansen, Robert J.
Hardy, Harriet L.
Heilbronn, Yechiel D.
Hubbard, Eliot, Jr.
Lawson, George B.
Kelly, Leo T.
Levey, Bernard
Livingston, M. Stanley
Manson, James G.
Mason, Edward A.
Matz, Myron H.
Means, Paul H.
Merrill, Edward W.
Porter, Philip J.
Postel, Sholem
Reid, Elizabeth Aub
Richie, Robert H., Jr.
Robey, John S.
Rosales, Remedios K.
Ross, Ralph A.
Scatchard, George
Sharpe, William, Jr.
Shelton, William R.
Sprague, Howard B.
Stanbury, John B.
Tingey, William H., Jr.
Toll, Karel van Syckel
Townsend, James H.
Trump, John G.
Weinberger, Jerome L.
Weiner, Leonard R.
Weiss, Ruth S.
Wohl, Martin J.
Wurtman, Richard J.
Yaffee, Howard S.
Zetzel, Elizabeth R.

Canton

Lloyd, Kenneth M., II
Yens, Otto C.

Chelsea
Barrie, Joseph R.
Chestnut Hill
Daniels, Edward M.
Daniels, Hadassah S.
Hodgson, John S.
Thorndike, Augustus
Wermer, Henry
Wermer, Olga S.
Whiskin, Frederick E.
Cohasset
Morse, George W.
Sceery, Robert T.
Concord
Austin, Richard C.
Fay, Gardner F.
Hallenbeck, Dorr F., Jr.
Heath, Parker, Jr.
Keevil, Charles S., Jr.
Keuper, Charles S.
McDonald, Francis C.
Norton, Paul L.
Ruboy, Jordan S.
Toomey, Edward G.
Whitfield, Thomas J., III
Danvers
Essember, Lawrence J.
Fearer, Nathan H.
Patton, Anthony S.
Thornton, Clarence E.
Dedham
Osborne, Robert K.
Putnam, Henry M.
Rectanus, Daniel R.
Soutter, Lamar
Sweetnam, George H.
Dorchester
Dempsey, Peter A.
Feldman, Morton V.
Dover
Clowes, George H. A., Jr.
Santoro, Benjamin T.
Duxbury
Fowler, Dwight M.
East Braintree
Slemons, Marion L.
East Falmouth
Steel, David
Edgartown
Mazer, Milton
Fall River
Hawes, Cornelius H.
Hill, Norman P.
Mason, William
Spencer, Jack
Falmouth
Bixby, H. Irving
Sowles, Horace K.
Fitchburg
LeDonne, John E.
Pick, Walter
Walker, George M.
Wolterbeek, Jacob C.
Foxboro
Putnam, James J.
Framingham
Albert, Joseph
Ash, Homer L.
Golden, Theodore S.
Helfant, Murray H.
Senghas, Richard E.
Gardner
McPeak, Clarence N.
Greenfield
Buchanan, William R., Jr.
McClelland, William K.
Moran, John E.
Groton
Pittman, Helen S.
Hadley
Huntington, James L.
Harding
Mittel, Neuman S.
Hathorne
Crossfield, Ruth M.
Hagopian, Peter B.
Hingham
Eldredge, LeRoy L., Jr.
Holyoke
Bagg, Edward P., Jr.
Bandeian, Alice M.
Boivin, Maurice J.
Ferguson, Edward L.
Mahoney, Stephen A., Jr.
Hyannis
Eldredge, James H.
Garran, Frank W., Jr.
Hazard, Gerald W.
O'Malley, Austin F.
Ipswich
Gauthier, Jacqueline
Petranek, Joseph R.
Wigglesworth, William C.
Jamaica Plain
Chute, Richard
Dwight, Richard W.
Edsall, Geoffrey
Graham, John R.
Levene, Martin B.
Lloyd, John B.
Luongo, Michael A.
Timberlake, William H.
Turner, Roderick H.
Zieper, Irving

Lakeville
Sachs, Benjamin
Lawrence
Buchanan, Douglas
D'Urso, John J.
Holihan, Joseph P.
O'Shea, James A.
Leominster
Wheeler, Charles A.
Lexington
Bellinger, Martin J.
Cosgrove, William L.
Joseph, Alfred T.
Petersen, James A.
Lincoln
O'Shea, Clare Marshall
Murphy, Ruth
Longmeadow
Huston, Lewis L.
Plotkin, Leonard H.
Lowell
Grant, George J. M.
Letsou, Vasilios G.
Lynn
Connolly, Thomas F.
O'Keefe, Edward S.
Sarris, Spiros P.
Slater, Eliot M.
Taggart, F. Howard, Jr.
Lynnfield
Newhall, Harvey F.
Malden
Bennett, Doris R.
Bennett, Warren
Garrey, Walter E.
Marblehead
Hopkins, Stanford W.
Kimball, Peter G.
Medford
Guthrie, Andrew D., Jr.
O'Connor, Harrison
Melrose
Glines, George A.
Osgood, Herman A.
Thorp, Edward G.
Watson, Richard H.
Weylman, Walther T.
Milton
Chase, John S.
Dickson, William A.
Driscoll, Robert A.
McGrath, Edward F.
O'Keeffe, Arthur F.
Sullivan, Eugene R.
Toch, Rudolf
Tudor, Frederic
Van Dyke, Wilhelmina
Natick
Hanelin, Joseph
Needham
Jackson, Henry, Jr.
Vanderpol, Maurice
New Bedford
Lewis, Emory O.
Tripp, Curtis C.
Newburyport
Bullard, Carleton W.
Newton
Adler, Morris H.
Newton Centre
Bonner, Frances J.
Caplan, Lloyd M.
Carter, Lucille P.
Chasen, Mignon C.
Derow, Sidney
Gill, Benjamin F.
Kennard, Harrison E.
Mueller, Barbara C.
Mueller, Egbert H.
Rutherford, Rondall W.
Newton Highlands
Brailey, Allen G.
Kaplan, Samuel
Newton Lower Falls
Garcelon, Gerald
King, Howard S.
McGinty, John B.
Page, Lot B.
Temby, William D.
Norfolk
Noone, P. Francis
Yatsuhashi, Masao
North Adams
Urmy, Thomas Van O.
Northampton
Averill, James H.
Tatlock, Hugh
North Andover
Rogers, Horatio
Wallwork, David W.
Norwell
Bailey, David W.
Peabody
Conway, Richard E.
Lurie, Arthur S.
Pittsfield
Tracy, Robert J.
Plymouth
Haggart, G. Edmund
Hamilton, Harold H.
Pocasset
Sanborn, Frederick
Quincy
Ciano, Joseph F.
McCarthy, Philip L.
McGugan, A. David

Randolph
Moore, Robert F.
Reading
McMahon, Arthur W.
Roslindale
Guardo, James L.
Linenthal, Arthur J.
Roxbury
Reiser, David E.
Salem
Clark, DeWitt S., Jr.
Flynn, John G.
Lowd, Harry M., Jr.
Phippen, Walter G.
Polansky, Symon C.
Richards, Robert S.
Shannon, James M.
Stebbins, Henry D.
Thompson, Richard H.
Somerville
Pollard, John T., Jr.
Whitelaw, George P.
South Dartmouth
Simmons, Alvin J.
South Duxbury
Shirley, J. Newton
South Hamilton
Bacon, William B.
South Sudbury
Adelson, William J.
South Weymouth
Emerson, George F.
Kilfoyle, Richard M.
Rounds, Charles E.
Springfield
Carson, Parker C.
Derby, Joseph P.
Derrick, Charles C.
Franseen, Elmer F.
Hayes, Donald R.
Hopkins, Frederick S.
Hoyt, W. Fenn
Lewis, James
Williams, David W.
Zacarian, Setrag A.
Stockbridge
Kimberly, Charles H.
Stoneham
Mueller, H. Peter
Swampscott
Mayo, Frederick B.
Miller, Carroll C.
Truro
Heath, Clark W.
Waban
Beuscher, Ruth B.
Wakefield
Fiascone, Arnold D.
Rosenthal, Murray K.
Waltham
Edelstein, Leon M.
Gallagher, Francis P.
Hardy, Irad B.
Holmes, Joseph A.
Lewis, Joseph L.
Shulman, Leonard B.
Simmel, Marianne L.
Wareham
Lincoln, James R.
Waverley
Cohen, M. Michael
Denton, Jane E.
Ouellette, Eileen M.
Winer, Richard A.
Wellesley
Flanagan, Norris B.
O'Sullivan, Renée B.
Pfeffer, William, Jr.
Wellesley Hills
Bell, George O.
Bragg, Robert L.
Brenner, Joseph H.
Fromer, John L.
Gill, Peter Lawrence
Gray, Basil C.
Parker, Jack S.
Pippitt, Richard B.
Reidy, John A.
Wenham
Rogers, Daniel M.
West Falmouth
Faxon, Nathaniel W.
West Harwich
Carney, Henry J.
West Newton
Berezin, Martin A.
Weston
Duffy, Frank H.
Endee, Charles H.
Moreton, John R.
Rogers, William P., Jr.
Swan, Channing S.
Van Nuys, Fresenius
West Roxbury
Littmann, David
McGovern, Joseph J., Jr.
Sasahara, Arthur A.
Stetson, Richard P.
Westwood
Curwen, William L.
Taylor, John B.
Winter, William D., Jr.
Williamstown
Reynolds, George S.
Winchester
Annino, Donald J.
Clark, Richard J.
Kaufmann, Gustav G.

Kermond, William L.
Marks, George A.
McLean, John D.
Rendall, Edward S.

Woburn
McKenzie, Wilfred L.

Worcester
Buckley, Frank M.
Burrow, Jarrel G.
Carmody, John T. B.
Cooperman, Sheldon
Damiani, Clito R.
Duggan, John A.
Harper, Robert S.
Hoover, Terrence D.
James, Lewis P., Jr.
Johnson, Verner S.
Kwass, George F.
Lingley, James R.
Miller, Erwin C.
Oakley, Joseph C.
Pittman, Joseph G.
Starobin, Oscar E.
Stone, Bernard B.
Wheeler, Bancroft C.
Zmyslowski, Walter P.

MICHIGAN

Ann Arbor
Bishop, Ronald C.
DeLong, William B.
Harrison, Timothy S.
Krickstein, Herbert I.
Miller, James G.
Smillie, John W.
Sweet, Robert B.
Vial, A. Burgess
Waldron, Alexander M.

Birmingham
Esslinger, John O.
Leach, Charles A., Jr.

Detroit
Arnstein, A. Robert
Blodgett, William H.
Comly, Hunter H.
Del Guidice, Peter A.
Eyler, William R.
Frame, Boy
Mitchell, David C.
Osius, Eugene A.
Prus, Alphone M.
Smith, W. Pierce
Sphire, Raymond D.
Stiefel, Daniel M.
Sweeny, Donald N., Jr.
Zuelzer, Wolfgang W.
Zukowski, Henry J.

Grand Rapids
Beeman, Carl B.
Capps, Samuel C.
Sugiyama, Tetsuo

Grosse Ile
Russell, Henry N., Jr.

Ionia
Tannheimer, John F.

Iron Mountain
Alexander, William H.

Jackson
Munro, Nathan D.

Saranac
Faust, Lawrence W.

Taylor
Thomas, Arthur D.

MINNESOTA

Minneapolis
Florence, David W.
Goetz, Frederick C.
Johnson, Norman P.
Kennedy, Byrl J.
Markland, A. Colin
Maruyama, Yosh
Peterson, Harold O.
Pohl, John F.
Rodgers, Richard S.
Wang, Yang
Williams, Ralph C., Jr.

Rochester
Haines, Samuel F.
Helmholz, Henry F., Jr.
Karnes, William E.
Randall, Raymond V.

St. Paul
Larkin, John E., Jr.
Schwyzer, Marguerite

MISSISSIPPI

Jackson
Guyton, Arthur C.
Weems, William L.

MISSOURI

Glendale
Shuter, Eli R.

Kansas City
Dann, David S.
Dennie, Charles C.
Lilly, Terry E., Jr.
Pickard, Nicholas S.
Trowbridge, Ellsworth H., Jr.

St. Joseph
McDaniel, John R.
Riddell, Richard V.

St. Louis
Chaplin, Hugh, Jr.
Clark, Sam L., Jr.
Dodd, Robert B.
Doisy, Edward A., Jr.
Drake, Truman G.
Funsch, Robert E.

Gaston, Lamont W.
Gaunt, Frank P.
Hanser, Theodore H.
Jamison, Rex L.
Lehman, Ralph A. W.
Lytton, William B.
Maughs, Sydney B.
Miller, Jule P., Jr.
O'Brien, Robert M.
Robins, Eli
Stephens, William A.
Strauss, Arthur E.
Waltman, Stephen R.

Webster Groves
Parker, John C.

NEBRASKA

Omaha
Bisgard, James D.
Luikart, Ralph H.

NEVADA

Reno
Cantlon, Edwin L.
Cantlon, J. Vernon
Musgrave, Rhoda U.

NEW HAMPSHIRE

Concord
Mintz, E. Ross

Dover
Wilson, Robert F.

Exeter
Curtin, Richard R.
Heyl, James T.

Greenville
Hitchcock, James

Hancock
Eustis, Richard S.

Hanover
Anthonisen, Margaret R.
Gundersen, Sven M.
Heyl, Henry L.
Hunter, Ralph W.
McKenna, John B.
Staples, Oscar S., Jr.
Sycamore, Leslie K.

Jaffrey Center
Millard, D. Glyn

Keene
Gregory, Harold E.

Laconia
Baker, William J.

Manchester
Bienvenu, Lester J.
Colokathis, Paul
Kalil, Toufic H.
McGahey, Claude E.
Walker, Jerome K.

Newbury
Fish, James E.

New London
Beaman, George B.

Orford
Hall, Marshall G.

Portsmouth
Piper, Edmund L.

NEW JERSEY

Boonton
Ward, Albert J.

Cliffside Park
Waldron, Robert L., III

Elizabeth
Gorman, Rosemary V.

Englewood Cliffs
Roberts, Charles D.

Glen Ridge
D'Alessandro, Genesio L.

Haddonfield
Johnson, Dale G.

Hightown
Munro, Jeannette

Leonia
Layzer, Robert B.

Madison
Diehl, Sylvia Davies

Monmouth Beach
Judd, Alvan B.

Montclair
Greene, Robert G.

Newark
Greene, Richard W.
Schaaf, Royal S.

New Brunswick
Kuhn, William G., Jr.

Orange
Stearns, Thornton

Paterson
Sporer, Edita Sternova
Van Eerde, Albert

Princeton
Dalrymple, Willard
Rothberg, Harvey D., Jr.

Short Hills
Willetts, Arthur T.

Springfield
Wosnitzer, Morey

Trenton
Karchmer, Adolf W.
Rosenthal, Albert L.

Washington
Horwitz, William H.

NEW MEXICO

Albuquerque
Adler, Scott
Mora, Federico
Parnall, Edward
Philipson, Joseph B., Jr.

Los Alamos
Grier, Robert S.
Shipman, Thomas L.

Santa Fe
Lunt, Lawrence K.

NEW YORK

Albany
Berg, Howard W.
Holt, William L., Jr.
Thomas, Wilbur A.
Traver, Clarence A.

Bath
Traver, Ralph F.

Bronx
Barondes, Samuel H.
Frederick, Elizabeth W.
Kleinman, Leonard I.
Rosenbaum, Milton
Ulick, Stanley C.
Wohl, Herbert

Brooklyn
Anderson, H. Clarke
Cohen, Irvin J.
Friedman, Clarence F.

Buffalo
Bakay, Louis
Calkins, Evan
Holland, Jimmie C. B.
Hummel, L. Edgar
Klein, David M.
Klein, Edmund
Lambert, Edward C.
Osgood, Howard

Cambridge
Amick, Arthur F.

Chappaqua
Klenk, Eugene L.

Cleverdale
Tefft, Richard C., Jr.

Cooperstown
McIver, Monroe A.
Sahler, Otto DeP.

Croghan
Guller, Erastus I.

Fayetteville
Neptune, Edgar McC.

Flushing
Kline, Robert M.

Glen Oaks
Kantor, Martin J.

Glens Falls
Batt, Richard C.

Katonah
Thompson, Walter A.

Kenmore
Schenk, Worthington G., Jr.

Kingston
Gorman, Mary L. Gannon

Larchmont
Haralambie, James Q.

Long Island
Charash, Leon I.
Cotzias, George C.
Dahl, Louis K.
Heggie, John F.
Wenig, Martin

Manhasset, Long Island
Ayers, William B.
Nicosia, Arnold P.

Margaretville
Mackie, Robert W.

Mechanicville
Ryan, James P.

Mount Kisco
Hovsepian, Jeannette A.

Mount Morris
Judd, James M.

New Hartford
Millet, J. Bradford

New Rochelle
Lees, Robert S.

New York City
Alper, Joseph M.
Ault, Lynn L.
Baker, William G., Jr.
Boger, William P.
Bowden, Lemuel
Carroll, Robert E.
Chamberlain, J. Maxwell
Christenson, William N.
Coffey, Edward L., Jr.
Cohn, Zanvil A.
David, John R.
Dickson, Carol C.
Dole, Vincent P., Jr.
Eaton, Richard G.
Edelman, Gerald M.
Ellenberg, Jack
Finkenstaedt, John T.
Foldes, Francis F.
Goldblatt, Myron E.
Gomatos, Peter J.
Grant, Lester H.
Greenhill, Maurice H.
Heffron, Roderick
Henley, Thomas F.
Hiebert, John M.

Hobson, Lawrence B.
Hofer, Myron A., II
Katz, Arnold M.
Kaufman, M. Ralph
Kiely, Brian
Lake, Michael
Lambert, John T.
Langer, Glenn A.
Lehrich, James R.
Locke, Edwin A.
Loeb, John N.
Loeb, Robert F.
Los, Edward
Luck, David J. L.
Mach, Bernard F.
Maier, John
Malcolm, John A.
Mannik, Mart
Metcalf, Kenneth M.
Moore, Burness E.
Mote, John R.
Packert, Richard C.
Patterson, Robert L., Jr.
Patterson, Russell H.
Peterson, Hart de C.
Quan, Stuart H. Q.
Ragland, Stuart, Jr.
Rappleye, Willard C.
Squire, Lucy F.
Surls, Joseph K.
Schwartz, Gabriel H.
Tenney, Vivian A.
Twombly, Gray H.
Watson, James W.
Watson, Robert F.
Wilson, Emmett, Jr.
Wilson, Philip D.
Wilson, Philip D., Jr.
Wolff, Carl T.
Yanagisawa, Kazuo
Youmans, John B.

APO New York

Cohen, John M.
Dunbar, Ronald W.
Lium, Rolf
Otto, William J., Jr.
Poczatek, Zygmunt W.
Whitelow, Dennis R.

Pelham

McHugh, Paul R.

Plattsburg

Barton, Lyman G., Jr.

Poughkeepsie

Bedell, Wallace C.
Keeley, James K.

Rochester

Allison, Charles R.
Anderson, Erna G.
Berg, Robert L.
Boller, Charles
Crawford, Henry B.
Defalco, Alfred J.
Egel, Norman
Friedman, Stanford B
Gillies, Alastair J.
Griner, Paul F.
Jones, Robert H.
Morgan, William L., Jr.
Morton, John J.
Moss, Arthur J.
Radebaugh, John F., Jr.
States, John D.
Stewart, James M.

Saranac Lake

Welles, Edward S.

Scarsdale

Hammond, William
Lipman, Marvin M.
Seed, John C.

Staten Island

Holmes, Lewis B.
Rovit, Richard L.

Syosset

Corning, Howard B.

Syracuse

Dunn, Edward
Gardner, Lytt I.
Hale, Clayton H.
Silverman, A. Clement

Troy

Talin, John J.

Upton, Long Island

Cotzias, George C.
Dahl, Louis K.

Utica

Case, Clarke T.
Knapp, Robert G., Jr.

Watertown

George, H. Louis, Jr.

White Plains

Newman, Herbert A.

NORTH CAROLINA

Asheville

Morrison, Roger W.
Neville, Charles W., Jr.

Chapel Hill

Barnett, Thomas B.
Burnett, Charles H.
Chamberlin, Harrie R.
Craige, Ernest

Gottschalk, Carl W.
Lansing, Cornelius
Lassiter, William E.
Madden, John W.
McClellan, Walter S.
Miller, Milton L.
Monroe, John T., Jr.
Rolett, Ellis L.
Taylor, Isaac M.

Charlotte
Brenizer, Addison G., Jr.
Elliott, Joseph A., Jr.

Concord
Collins, David L., Jr.

Durham
Appel, Stanley H.
Pearse, Richard L.
Peete, William P. J.
Persons, Elbert L.
Reeves, Robert J.
Rygorsky, Jerome E.

Fort Bragg
Goodson, William H., Jr.

Greensboro
Register, John F.
Spencer, Richard E.
Troxler, Eulyss R.

Morgantown
Vernon, James T.

Raleigh
Manly, Isaac V.
Rhodes, John S.
Wooten, E. Jane Herring
Worth, Thomas C.
Young, David A.

Southern Pines
McMillan, Robert M.

Tryon
Placak, Joseph C., Jr.

Wilmington
Graham, Charles P.

Winston-Salem
Bostic, William C., III
Cole, Monroe
Conrad, Elizabeth

NORTH DAKOTA

Sioux Falls
Barlow, John F.

OHIO

Akron
Kramer, James G.
Voke, Edward L.

Canton
Scott, Murray W., Jr.

Cincinnati
Acheson, George H.
Arndt, Kenneth A.
Block, Gordon L.
Freiberg, Joseph A.
Gaffney, Thomas E.
Gall, Edward A.
Newstedt, J. Roger
Richardson, William R.
Rubinstein, Jack H.
Schneider, Benjamin

Cleveland
Badal, Daniel W.
Bloomfield, Daniel K.
Evans, Richard R.
Ford, Amasa B.
Glover, Donald M.
Groves, Laurence K.
Hopkins, Robert W.
Jefferies, William McK.
Jordan, Earl F.
Kendrick, James I.
Kennedy, John H.
Morgan, Winfield S.
Pearson, Olaf H.
Rhinelander, Frederic W.
Rutman, Joel
Ryan, Kenneth J.
Shannon, Edward W.
Simeone, Fiorindo A.
Stenger, Richard J.
Weir, David R.

Cleveland Heights
Baumgartner, Donavin A., Jr.

Columbus
Dawson, Clyde W.
Ellis, Effie O.
George, Jack M.
Harper, David T., Jr.
Haynes, Ruth C.
Haynes, Walter M.
Tetirick, Jack E.

Dayton
Flook, Samuel E.
Hochwalt, W. Richard
Kornfield, Michael A.
Marks, Alan W.

East Cleveland
Moss, Gerald S.

North Canton
Shipley, Margaret S.

Oberlin
Warner, John H., Jr.

Shaker Heights
Banker, Betty Q.

Youngstown
Coombs, Frederick S.

Wooster
Jackson, Lee

OKLAHOMA

Altus
Hiett, Joan Kazanjian

Ardmore
Schuler, James D.

Muskogee
Fite, E. Halsell

Oklahoma City
Bell, James P.
Carey, John M.
Carter, George B.
Eliel, Leonard P.
McClellan, Betty J.
Stout, Hugh A.

Tulsa
Steele, Byron W., Jr.

OREGON

Arch Cape
Rockey, Eugene W.

Medford
Barss, Theodore P.
Durno, Edwin R.
Rutter, Thomas

Portland
Baker, Russel L.
Boyden, Allen M.
Burns, E. Murray
Carter, Richard R.
Crary, Lyall S., Jr.
Ditmore, Harry B., Jr.
Hall, Robert G.
Higgins, Robert B.
Novy, Miles J.
Ray, Leon F.
Saslow, George
Sutherland, Donald W.
Thatcher, Blair van H.
Whittemore, James P.

PENNSYLVANIA

Ardmore
Sampson, D. Allen

Bangor
Cascario, Nicholas, Jr.

Bethlehem
Leister, Claude M.

Drexel Hill
Bora, F. William, Jr.

Erie
Monahan, John J.

Glenside
Michie, Catherine R.

Harrisburg
Berkheimer, George A.

Jerome
Backman, John H.

Lansdale
Goeringer, C. Frederick

Latrobe
Moran, Thomas W., Jr.

Media
Kitts, Albert W.

Merion Station
Murphy, Grace L.

Philadelphia
Baue, Arthur E.
Bornstein, Donald L.
Brent, Robert L.
Dohan, F. Curtis
Field, Richard A.
Fisher, Mary S.
Gabuzda, Thomas G.
Heath, Robert D.
Hirschhorn, Richard C.
Ingalls, Theodore H.
Ludwig, George D.
Mancall, Elliott L.
Mendelsohn, Mortimer L.
Michie, Alexander J.
Montgomery, Hugh
Nicholson, Jesse T.
Normann, Nils
Peltz, William L.
Perrin, George M.
Rasmussen, Howard
Rasmussen, Jane S.
Roth, James L. d'A.
Schnabel, Truman G., Jr.
Ship, Irwin I.
Sloane, Robert B.
Starr, Isaac
Stokes, Joseph, Jr.
Stunkard, Albert J.
Vaughan, Victor C., III
Wood, Howard P.
Wyngaarden, James B,
Zacks, Sumner I.
Zervas, Nicholas T., Jr.

Pittsburgh
Callison, James R.
Dwyer, John H.
Fennell, Robert H., Jr.
Ferguson, Albert B., Jr.
Field, James B.
Leighton, Joseph
McLaughlin, William B.
Price, Stuart E., Jr.
Sell, Stewart
Tyson, Robert G.
Urquhart, John, III

Selinsgrove
Bailey, Nelson E.

Sewickley
Bauer, Frank L.
Springfield
Weinberg, Richard A.
Swarthmore
Ferguson, James J., Jr.
Wyomissing
Leinbach, Thomas C.
Morrissey, E. James
Morrissey, Eugene J.
York
Farkas, Robert W.

RHODE ISLAND
East Greenwich
Madden, Edwin J.
Pawtucket
Hogan, John F.
Providence
Cotter, Walter C.
Cutts, Frank B.
Hamlin, Hannibal
Liffmann, Kenneth E.
Pitts, John D.
Sargent, Francis B.
Sawyer, Carl S.
Sinclair, Edmond B.
Strom, John O.
Troppoli, Daniel V.
Warwick
Aaronson, Leroy D.

SOUTH CAROLINA
Charleston
Baker, Charles R. F., Jr.
Boone, John A.
Summerall, Charles P., III
Talbert, Oliver R.
Columbia
Theus, Walter W.

SOUTH DAKOTA
Sioux Falls
Barlow, John F.
Wegner, Karl H.

TENNESSEE
Big Spring
Warren, Charles F.
Bristol
Gammon, William M.
Chattanooga
Ballard, Fred B., Jr.
Johnson City
Brindley, Clyde O.
Kingsport
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Salamanca, Joan J.

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Cardiff
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WEST PAKISTAN
Rawalpindi
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FORMS OF LEGACIES

A. *An Unrestricted Legacy*

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ... ($)."

Money given in this way may be used by the Hospital for any purpose within the scope of its powers. Both principal and income may be so used.

B. *A Legacy Restricted as to Principal but Not Restricted as to Income*

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ... ($). The principal of this gift shall be held and may be mingled with other funds of the Hospital for investment. The Hospital may expend the income for any purpose within the scope of its powers. (The following sentence is optional.) This gift is made in memory of ..... and shall be known as the ..... Fund."

Money given in this way establishes a permanent fund.

C. *A Legacy Intended for a Special Purpose*

Where either principal or income of a bequest is to be restricted to some special purpose of the Hospital, it is suggested that the testator contact the Treasurer's Office, 45 Milk Street, Boston.

DALTON SCHOLARSHIPS

Scholarships will be awarded to the candidates recommended by the General Executive Committee of the Massachusetts General Hospital and confirmed by the Trustees.

The holders of these Scholarships are required to do original work in subjects to be designated.

For particulars apply to the General Director.

MASSACHUSETTS GENERAL HOSPITAL
Fruit Street, Boston

See also page 166 of this Report

WARREN TRIENNIAL PRIZE

The Warren Triennial Prize was founded by the late Dr. J. Mason Warren in memory of his father, and his will provides that the accumulated interest of the fund shall be awarded every three years to the author of the best dissertation, considered worthy of a premium, in some subject in Physiology, Surgery, or Pathological Anatomy, the arbitrators being the General Executive Committee of the Massachusetts General Hospital.

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